

# *Tripartite Health Ministers Meeting*

*10<sup>th</sup> Anniversary*

History and Development of the Tripartite Health Cooperation



National Health and Family Planning Commission of the People's Republic of China  
Ministry of Health, Labour and Welfare of Japan  
Ministry of Health and Welfare of the Republic of Korea



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## Acronyms and Abbreviations *(in alphabetical order)*

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<b>AMR</b>	Antimicrobial Resistance
<b>CCDC</b>	Chinese Center for Disease Control and Prevention
<b>EPI</b>	Expanded Program on Immunization
<b>EVD</b>	Ebola Virus Disease
<b>GHA</b>	Global Health Architecture
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
<b>HFMD</b>	Hand-foot-mouth Disease
<b>HTA</b>	Health Technology Assessment
<b>ICT</b>	Internet and Communication Technology
<b>IHR</b>	International Health Regulation
<b>JAP</b>	Joint Action Plan
<b>KCDC</b>	Korea Centers for Disease Control and Prevention
<b>MDGs</b>	Millennium Development Goals
<b>MDRO</b>	Multi-drug Resistant Organism
<b>MDR-TB</b>	Multi-drug-Resistant Tuberculosis
<b>MERS-CoV</b>	Middle East Respiratory Syndrome Coronavirus
<b>MHLW</b>	Ministry of Health, Labour and Welfare of Japan
<b>MOC</b>	Memorandum of Cooperation
<b>MOH</b>	Ministry of Health of the People's Republic of China
<b>MOHW</b>	Ministry of Health and Welfare of the Republic of Korea
<b>NCDs</b>	Non Communicable Disease
<b>NHFPC</b>	National Health and Family Planning Commission of the People's Republic of China
<b>NIID</b>	National Institute of Infectious Diseases of Japan
<b>SFTS</b>	Severe Fever with Thrombocytopenia Syndrome
<b>THMM</b>	Tripartite Health Ministers Meeting
<b>UHC</b>	Universal Health Coverage

# Tripartite Health Ministers Meeting (THMM)



## Tripartite Health Ministers Meeting (THMM)

### 1. Overview

THMM was inaugurated in 2007 to discuss common issues in health and medical field among the three countries and ways to manage such challenges. The Meeting is regularly held among the National Health and Family Planning Commission (NHFPC) of the People's Republic of China, Ministry of Health, Labour and Welfare (MHLW) of Japan, and the Ministry of Health and Welfare (MOHW) of the Republic of Korea on a rotational basis. The World Health Organization Western Pacific Regional Office (WHO-WPRO, since 2010) and the Trilateral Cooperation Secretariat (TCS, since 2013) participates in the Meeting as an observer.

Under the framework of the THMM, the three countries has developed various cooperative measures to tackle common health threats, highlighted by the Memorandum of Cooperation (MOC) and Joint Action Plan (JAP) on Preparedness and Response against Pandemic Influenza and Emerging/Re-emerging Infectious Diseases of Common Concern, and adopted Joint Statements that stipulate tripartite cooperation on major health issues including Global Health Architecture (GHA), Universal Health Coverage (UHC), population aging, and Non Communicable Diseases (NCDs).

*\*Outcome documents of each meeting are available at [Appendix I] (p. 25)*


*\*Definitions and descriptions of key agendas are available at [Appendix II] (p.55)*


### 2. History (1<sup>st</sup> to 9<sup>th</sup> THMM)

*\* Participant order based on the chair country order of the THMM*


1 <sup>st</sup> Meeting (2007, ROK)	
<b>Date</b>	April 8, 2007
<b>Venue</b>	Seoul, ROK 
<b>Participants</b>	<ul style="list-style-type: none"> <li>• ROK: RHYU Si-min, Minister of Health and Welfare (Chair)</li> <li>• China: GAO Qiang, Minister of Health</li> <li>• Japan: YANAGISAWA Hakuo, Minister of Health, Labour and Welfare</li> </ul>
<b>Agenda / Contents</b>	<ul style="list-style-type: none"> <li>i. Joint activities and methods of cooperation related to pandemic influenza</li> <li>ii. Cooperation in clinical researches</li> <li>iii. Emergency preparedness and response including disaster management</li> <li>iv. Traditional medicine as an area for future cooperation</li> </ul>

<b>Outcome</b>	<ul style="list-style-type: none"> <li>i. Joint Statement of the First THMM</li> <li>ii. MOC on a Joint Response against Pandemic Influenza</li> </ul>
<b>Note</b>	<ul style="list-style-type: none"> <li>i. Trilateral Forum on Communicable Disease Control and Prevention was initiated from 2007</li> <li>ii. Director-General and Working Group Meetings on Pharmaceutical Affairs was initiated from 2008</li> </ul>

2 <sup>nd</sup> Meeting (2008, China)	
<b>Date</b>	November 2, 2008 
<b>Venue</b>	Beijing, China
<b>Participants</b>	<ul style="list-style-type: none"> <li>• China: CHEN Zhu, Minister of Health (Chair)</li> <li>• Japan: MASUZOE Yoichi, Minister of Health, Labour and Welfare</li> <li>• ROK: JEON Jae-hee, Minister of Health, Welfare and Family Affairs</li> </ul>
<b>Agenda / Contents</b>	Joint actions to cope with a possible outbreak of pandemic influenza including the designation of focal points, information sharing, risk communication, impartial intervention for rapid containment, and expansion of cooperation to develop prevention and response measures
<b>Outcome</b>	JAP on Preparedness and Response against Pandemic Influenza
<b>Note</b>	The JAP signed at the 2nd Meeting is based on the outcome of the Joint Table-top Exercise for Pandemic Influenza Preparedness held on October 16~17, 2008 in Seoul, ROK


3 <sup>rd</sup> Meeting (2009, Japan)	
<b>Date</b>	November 23, 2009 
<b>Venue</b>	Tokyo, Japan
<b>Participants</b>	<ul style="list-style-type: none"> <li>• Japan: NAGATSUMA Akira, Minister of Health, Labour and Welfare (Chair)</li> <li>• ROK: JEON Jae-hee, Minister of Health, Welfare and Family Affairs</li> <li>• China: CHEN Zhu, Minister of Health</li> </ul>


<b>Agenda / Contents</b>	<ul style="list-style-type: none"> <li>i. Continued cooperation for improving responses against pandemics such as H1N1 influenza</li> <li>ii. Progress of cooperation in clinical research, including the Trilateral Director-General Meeting on Pharmaceutical Affairs</li> <li>iii. Progress in emergency preparedness and responses that facilitate the information sharing on each country's disaster medical response systems</li> <li>iv. Exchanges and cooperation in the area of food safety</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>i. Joint Statement of the Third THMM</li> <li>ii. Contents of MOC on Food Safety</li> </ul>
<b>Note</b>	<ul style="list-style-type: none"> <li>i. The 3rd Trilateral Forum on Communicable Disease Control and Prevention was held on the sideline of the 3rd Meeting</li> <li>ii. Tripartite Seminar on Pandemic Influenza Assessment was held on March 18, 2010</li> </ul>

4 <sup>th</sup> Meeting (2010, ROK)	
<b>Date</b>	November 21, 2010 
<b>Venue</b>	Jeju, ROK
<b>Participants</b>	<ul style="list-style-type: none"> <li>• ROK: CHIN Soo-hee, Minister of Health and Welfare (Chair)</li> <li>• China: CHEN Zhu, Minister of Health</li> <li>• Japan: HOSOKAWA Ritsuo, Minister of Health, Labour and Welfare</li> </ul>
<b>Agenda / Contents</b>	<ul style="list-style-type: none"> <li>i. Progress of the prevention and response measures against pandemic influenza; continued cooperation for improving responses against pandemics such as avian influenza including H5N1</li> <li>ii. Exchange of information on food safety; mutual notification of food safety issue; information sharing and exchange of relevant human resources</li> <li>iii. Cooperation on clinical researches including clinical trials on drugs</li> <li>iv. Progress in emergency preparedness and responses that facilitate the information sharing on each country's disaster medical response systems</li> <li>v. Endorsement of the World Health Assembly Resolution 63.15 in regard to making progress toward the health-related Millennium Development Goals (MDGs), improving health of women and children in developing countries in particular</li> </ul>
<b>Outcome</b>	Joint Statement of the Fourth THMM
<b>Note</b>	Tripartite Food Safety Forum and International Forum on Strengthening Maternal and Child Partnerships for Attaining MDGs was held on the sideline of the 4th Meeting

5 <sup>th</sup> Meeting (2011, China)	
<b>Date</b>	November 13, 2011 
<b>Venue</b>	Qingdao, China
<b>Participants</b>	<ul style="list-style-type: none"> <li>• China: CHEN Zhu, Minister of Health (Chair)</li> <li>• Japan: KOMIYAMA Yoko, Minister of Health, Labour and Welfare</li> <li>• ROK: IM Che-min, Minister of Health and Welfare</li> </ul>
<b>Agenda / Contents</b>	<ol style="list-style-type: none"> <li>Exchange and cooperation in the field of NCD prevention and control; endorsement of relevant global health initiatives</li> <li>Progress of the continued exchange in the field of emergency preparedness and responses including the communication on experiences of the post-disaster health relief work</li> <li>Progress of the cooperation activities in regard to pandemic influenza prevention and control; continued commitment to minimize negative impact of pandemic influenza in the region</li> <li>Continued cooperation in the field of food safety on the basis of MOC on Food Safety (2009)</li> <li>Reinforcement of cooperation on clinical trials between the Ministries</li> <li>Joint efforts to implement the global initiatives for improving maternal and child health in developing countries for achieving health-related MDGs</li> </ol>
<b>Outcome</b>	Joint Statement of the Fifth THMM
<b>Note</b>	<ol style="list-style-type: none"> <li>Small group meeting on health response to Fukushima nuclear accident (October 18, 2011, Beijing, China) was held prior to the 5th Meeting</li> <li>ASEAN+3 Symposium on NCD Prevention and Control was held on the sideline of the 5th Meeting</li> </ol>

6 <sup>th</sup> Meeting (2013, ROK)	
<b>Date</b>	November 24, 2013 
<b>Venue</b>	Seoul, ROK
<b>Participants</b>	<ul style="list-style-type: none"> <li>• ROK: LEE Young-chan, Acting Minister of Health and Welfare (Chair)</li> <li>• China: LI Bin, Minister of National Health and Family Planning Commission</li> <li>• Japan: TAMURA Norihisa, Minister of Health, Labour and Welfare</li> </ul>
<b>Agenda / Contents</b>	<ol style="list-style-type: none"> <li>Progress of the joint efforts against pandemic influenza; renewal of the MOC (2007) and JAP (2008) to expand the scope of the cooperation to other emerging/re-emerging infectious diseases where joint efforts are required</li> <li>Sharing experiences and information on the health system development to realize UHC</li> <li>Necessity of review on the current health care system and governance to ensure more healthy and active aging; cooperation for smart responses to aging population</li> <li>Endorsement of global health initiatives on NCD prevention and control; sharing of policy efforts made for prevention and control of NCD risk factors; exploration of collaborative topics for academic exchanges and joint research</li> <li>Continued cooperation on improving health of women and children in developing countries for achieving health-related MDGs by the target year 2015; acknowledgement of the need to include health-related elements in the post-2015 global development goals</li> </ol>
<b>Outcome</b>	<ol style="list-style-type: none"> <li>Joint Statement of the Sixth THMM</li> <li>MOC on Response against Pandemic Influenza and Emerging/ Re-emerging Infectious Diseases of Common Concern (Renewed)</li> <li>JAP on Preparedness and Joint Response against Pandemic Influenza and Emerging/ Re-emerging Infectious Diseases of Common Concern (Renewed)</li> </ol>
<b>Note</b>	<ol style="list-style-type: none"> <li>International Forum on UHC was held on the sideline of the 6th Meeting</li> <li>Trilateral Symposium on Prevention and Control of NCDs was initiated from 2014</li> </ol>

7 <sup>th</sup> Meeting (2014, China)	
<b>Date</b>	November 23, 2014 
<b>Venue</b>	Beijing, China
<b>Participants</b>	<ul style="list-style-type: none"> <li>• China: LI Bin, Minister of National Health and Family Planning Commission (Chair)</li> <li>• Japan: SHIOZAKI Yasuhisa, Minister of Health, Labour and Welfare</li> <li>• ROK: Moon Hyung Pyo, Minister of Health and Welfare</li> </ul>
<b>Agenda / Contents</b>	<ol style="list-style-type: none"> <li>Progress of the response to pandemic influenza and emerging/ re-emerging infectious disease including the collaboration against outbreaks of H1N1, H7N9, MERS-CoV, and Ebola virus; enhancement of cooperation including the sharing of counter measures against Ebola outbreaks</li> <li>Continued efforts for the promotion of UHC highlighted by development of strategies and best practices, and by regular exchanges and cooperation with stake holders</li> <li>Progress of the discussions on response to population aging; reaffirmation of further collaboration in response to population aging</li> <li>Progress of the cooperation in the field of NCD prevention and control; reaffirmation of commitment to the relevant global initiatives</li> <li>Continued cooperation related to MDGs throughout the target year 2015; acknowledging the need to include UHC in the Post-2015 Development Agenda</li> </ol>
<b>Outcome</b>	<ol style="list-style-type: none"> <li>Joint Statement of the Seventh THMM</li> <li>Joint Statement of the Seventh THMM for the Preparedness and Response of Ebola Virus Disease Outbreak</li> </ol>
<b>Note</b>	Trilateral Healthy Ageing Society Forum was held on the sideline of the 7th Meeting

8 <sup>th</sup> Meeting (2015, Japan)	
<b>Date</b>	November 29, 2015 
<b>Venue</b>	Kyoto, Japan
<b>Participants</b>	<ul style="list-style-type: none"> <li>• Japan: SHIOZAKI Yasuhisa, Minister of Health, Labour and Welfare (Chair)</li> <li>• ROK: CHUNG Chin-Youb, Minister of Health and Welfare</li> <li>• China: LI Bin, Minister of National Health and Family Planning Commission</li> </ul>
<b>Agenda / Contents</b>	<ol style="list-style-type: none"> <li>Progress of the response to pandemic influenza and emerging/ re-emerging infectious disease including the collaboration against MERS-CoV outbreak in the ROK; reaffirmation of the need for closer cooperation under the tripartite framework to respond to public health emergencies including AMR and for encouraging global initiatives that strengthen the implementation of the IHR</li> <li>Continued contribution to the discussion on GHA with relevant stake holders including WHO and to support WHO's reform to enhance its leadership and coordination during public health emergencies</li> <li>Continued efforts to enhance policy dialogue, experience sharing, cooperation on maintaining and strengthening core elements of UHC</li> <li>Enhancement of dialogue on healthy aging and sharing of best practices; commitment to ensure health systems to be prepared for the consequences of population aging, and its associated epidemic of NCDs</li> <li>Progress of the cooperation on NCD prevention and control; reinforcement of cooperation on sharing information and spreading broader awareness of both health risks such as tobacco use and measures to reduce exposure to risk factors for NCDs</li> </ol>
<b>Outcome</b>	Joint Statement of the Eighth THMM
<b>Note</b>	The 9th Trilateral Forum for Communicable Disease Control and Prevention was held on the sideline of the 8th Meeting

9 <sup>th</sup> Meeting (2016, ROK)	
<b>Date</b>	December 4, 2016
<b>Venue</b>	Busan, ROK 
<b>Participants</b>	<ul style="list-style-type: none"> <li>• ROK: CHUNG Chin-Youb, Minister of Health and Welfare (Chair)</li> <li>• China: LI Bin, Minister of National Health and Family Planning Commission</li> <li>• Japan: SHIOZAKI Yasuhisa, Minister of Health, Labour and Welfare</li> </ul>
<b>Agenda / Contents</b>	<ol style="list-style-type: none"> <li>Acknowledgement of the effective joint response to infectious disease outbreak on a global scale based on MOC and JAP; expansion of tripartite cooperation to the field of health quarantine</li> <li>Continued contribution to the discussion on GHA; pursuit of stronger cooperation on AMR; encouragement of global initiatives that strengthen the implementation of the IHR</li> <li>Continued effort for strengthening health systems with a goal of expanding population coverage while providing a wider range of services at low cost in order to achieve UHC; recognition of the importance of Health Technology Assessment (HTA) as an essential tool to achieve the optimal coverage of new medical technologies under the national health insurance scheme</li> <li>Continue to leverage the Tripartite Conference on Aging to promote the active exchange of health policies, seek the way forward for the tripartite collaboration on issues derived from demographic changes, and pave the way for vitalizing research networks</li> <li>Commitment to the global initiatives related to NCD prevention and control; reinforcement of cooperation in raising awareness of risk factors for NCDs, harmful health effects of smoking in particular, and sharing measures to reduce exposure to such risk factors</li> <li>Sharing of the efforts to promote the use of Internet Communication Technology (ICT) &amp; big data in the health care sector</li> </ol>
<b>Outcome</b>	<ol style="list-style-type: none"> <li>Joint Statement of the Ninth THMM</li> <li>MOC among on a Joint Response against Pandemic Influenza and Emerging/Re-emerging Infectious Diseases of Common Concern (Renewed)</li> <li>Joint Action Plan on Preparedness and Response against Pandemic Influenza and Emerging/Re-emerging Infectious Diseases of Common Concern (Renewed)</li> </ol>
<b>Note</b>	The 1st Tripartite Quarantine Working Group Meeting was held on the sideline of the 9th Meeting

### 3. Development of the THMM

	1st (2007)	2nd (2008)	3rd (2009)	4th (2010)	5th (2011)	6th (2013)	7th (2014)	8th (2015)	9th (2016)
<b>Infectious Diseases</b>	●	●	●	●	●	●	●	●	●
<b>Clinical Research</b>	●		●	●	●				
<b>Emergency Preparedness and Response</b>	●		●	●	●				
<b>Traditional Medicine</b>	●								
<b>Food Safety</b>			●	●	●				
<b>Health MDGs</b>				●	●	●	●		
<b>NCD</b>					●	●	●	●	●
<b>UHC</b>						●	●	●	●
<b>Aging</b>						●	●	●	●
<b>GHA</b>								●	●
<b>Health ICT &amp; Big Data</b>									●



# *THMM Follow-up Initiatives*

*Trilateral Forum on Communicable  
Disease Control and Prevention*

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*Trilateral High-Level Meeting and  
Policy Seminar on Aging*

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*Trilateral Symposium on Prevention and  
Control of Non-Communicable Diseases*

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## Trilateral Forum on Communicable Disease Control and Prevention

### 1. Overview


Trilateral Forum on Communicable Disease Control and Prevention was inaugurated in 2007 as the follow-up of the 1st THMM to exchange information on control and prevention measures of infectious disease, surveillance system, and infectious disease management among the health authorities of the three countries. The Meeting is regularly held among Chinese Center for Disease Control and Prevention (CCDC), National Institute of Infectious Diseases (NIID) of Japan, and Korea Centers for Disease Control and Prevention (KCDC). The Forum has served as the major tripartite platform where the experts share the situation of the infectious diseases of the three countries as well as the preparedness and response measures to various emerging/re-emerging diseases of concern including measles, tuberculosis, HIV/AIDS, and Ebola.


### 2. History (1st to 10th Forum)


#### 1<sup>st</sup> Forum (2007, China)


<b>Date</b>	November 22~23, 2007	
<b>Venue</b>	Beijing, China	
<b>Agenda / Contents</b>	<ul style="list-style-type: none"> <li>i. Health policy related to infectious disease prevention</li> <li>ii. Infectious disease surveillance and preparedness</li> <li>iii. Expanded Program on Immunization (EPI)</li> <li>iv. HIV/ AIDS</li> <li>v. Tuberculosis</li> </ul>	

#### 2<sup>nd</sup> Forum (2008, ROK)


<b>Date</b>	October 15, 2008	
<b>Venue</b>	Seoul, ROK	
<b>Agenda / Contents</b>	<ul style="list-style-type: none"> <li>i. Vector-borne disease in conjunction with climate change and infectious disease</li> <li>ii. Water-borne and food-borne infectious disease</li> <li>iii. Others: post-disaster infectious disease surveillance and control, heat waves, zoonotic disease, hand-foot-mouth disease (HFMD)</li> </ul>	


3 <sup>rd</sup> Forum (2009, Japan)	
<b>Date</b>	November 24, 2009 
<b>Venue</b>	Tokyo, Japan
<b>Agenda / Contents</b>	Situation and response to major diseases of concern including; <ul style="list-style-type: none"> <li>i. Influenza A (H1N1)</li> <li>ii. Measles</li> <li>iii. HFMD</li> </ul>


4 <sup>th</sup> Forum (2010, China)	
<b>Date</b>	November 24~25, 2010 
<b>Venue</b>	Beijing, China
<b>Agenda / Contents</b>	Situation and response to major diseases of concern including; <ul style="list-style-type: none"> <li>i. Measles</li> <li>ii. Others: antiviral-resistant influenza, MDRO, tick-borne disease epidemic</li> </ul>


5 <sup>th</sup> Forum (2011, ROK)	
<b>Date</b>	November 16~17, 2011 
<b>Venue</b>	Osong, ROK
<b>Agenda / Contents</b>	<ul style="list-style-type: none"> <li>i. Impact of climate change and natural disaster in public health</li> <li>ii. Current events on public health: MDRO, wild poliovirus, ultra high-throughput DNA sequencing technique</li> </ul>

6 <sup>th</sup> Forum (2012, Japan)	
<b>Date</b>	November 20, 2012 
<b>Venue</b>	Tokyo, Japan
<b>Agenda / Contents</b>	<ul style="list-style-type: none"> <li>i. Expanded immunization program</li> <li>ii. Enteric infectious disease</li> <li>iii. Bio-threat response and emerging/current infectious disease control and prevention</li> </ul>

7 <sup>th</sup> Forum (2013, China)	
<b>Date</b>	November 25, 2013 
<b>Venue</b>	Beijing, China
<b>Agenda / Contents</b>	Situation and response to major diseases of concern including; <ul style="list-style-type: none"> <li>i. Avian influenza (H7N9) and Enterovirus 71 infection</li> <li>ii. Others: MERS-CoV, thrombocytopenia syndrome, disease vector surveillance networks, MDR-TB, rubella</li> </ul>

8 <sup>th</sup> Forum (2014, ROK)	
<b>Date</b>	November 26, 2014 
<b>Venue</b>	Jeju, ROK
<b>Agenda / Contents</b>	<ul style="list-style-type: none"> <li>i. Vector-borne diseases and climate change</li> <li>ii. Sharing Ebola response measures in each country</li> <li>iii. AMR</li> <li>iv. Measles</li> </ul>

9 <sup>th</sup> Forum (2015, Japan)	
<b>Date</b>	November 28, 2015 
<b>Venue</b>	Kyoto, Japan
<b>Agenda / Contents</b>	<ul style="list-style-type: none"> <li>i. Preparation for emerging and re-emerging infectious diseases</li> <li>ii. Respond to global vaccine action plan</li> <li>iii. Drug-resistance pathogens in disease control</li> </ul>


10 <sup>th</sup> Forum (2016, China)	
<b>Date</b>	December 19~20, 2016 
<b>Venue</b>	Beijing, China
<b>Agenda / Contents</b>	<ul style="list-style-type: none"> <li>i. Current situation of epidemic and prevention and control of Zika, MERS, SFTS and influenza</li> <li>ii. Current situation and future development of AMR</li> <li>iii. Others: Ebola virus, MDR TB, Hepatitis, HIV/AIDS, arboviral diseases, HFMD</li> </ul>


## Trilateral High-Level Meeting and Policy Seminar on Aging


### 1. Overview


Trilateral High-Level Meeting and Policy Seminar on Aging was inaugurated in 2010 with a view to building a cooperative system for exchanging information on elderly welfare policy. Representatives from NHFPC, MHLW, and MOHW as well as the experts in population aging participates in this Meeting. The Meeting and Seminar play a significant role in exchanging information on the situation of population aging of the three countries as well as relevant policies and health care services. The three countries are continuing their cooperative efforts based on the MOC on Healthy Aging.


### 2. History (1st to 6th Forum)


1 <sup>st</sup> Forum (2010, China)	
<b>Date</b>	April 29~30, 2010 
<b>Venue</b>	Beijing, China
<b>Agenda / Contents</b>	i. Situations and policy measures of the demographic changes ii. Health service programs for the elderly
<b>Outcome</b>	MOC on Healthy Aging

2 <sup>nd</sup> Forum (2011, ROK)	
<b>Date</b>	November 3~4, 2011 
<b>Venue</b>	Seoul, ROK
<b>Agenda / Contents</b>	i. Health and medical policies for the elderly ii. Domiciliary care service

3 <sup>rd</sup> Forum (2012, Japan)	
<b>Date</b>	August 27~29, 2012 
<b>Venue</b>	Tokyo, Japan
<b>Agenda / Contents</b>	i. Community and care service ii. Active aging

4 <sup>th</sup> Forum (2013, China)	
<b>Date</b>	July 17~19, 2013 
<b>Venue</b>	Shanghai, China
<b>Agenda / Contents</b>	i. Development of health services and policies for aging society ii. Care services for the old people living alone

5 <sup>th</sup> Forum (2015, ROK)	
<b>Date</b>	December 16~17, 2015 
<b>Venue</b>	Jeju, ROK
<b>Agenda / Contents</b>	i. Long-term care insurance system for enhancing the life quality of the elderly ii. Ways to develop aging friendly industry in response to aging society Outcome MOC on Healthy Aging (Renewed)


6 <sup>th</sup> Forum (2016, Japan)	
<b>Date</b>	July 5~6, 2016 
<b>Venue</b>	Tokyo, Japan
<b>Agenda / Contents</b>	i. Dementia ii. Hollowing out of rural villages – continuing care retirement community


## Trilateral Symposium on Prevention and Control of Non-Communicable Diseases

### 1. Overview

Trilateral Symposium on Prevention and Control of NCDs was inaugurated in 2014 as a follow-up of the 6th THMM with an aim to share the issues related to NCD prevention and control and discuss the ways for tripartite cooperation. Representatives from NHFPC, MHLW, and MOHW as well as the experts in NCD prevention and control participates in this Symposium. Through the Symposium, the three countries examine policies and practices related to NCDs of concern and seek for the ways for tripartite cooperation to prevent and control the NCDs, following the relevant global action plan.

### 2. History (1st to 2nd Symposium)

1 <sup>st</sup> Symposium (2014, ROK)	
<b>Date</b>	August 28, 2014 
<b>Venue</b>	Seoul, ROK
<b>Agenda / Contents</b>	<ul style="list-style-type: none"> <li>i. Global task for NCD prevention and control</li> <li>ii. Efforts of the three countries to implement global action plan on NCD prevention and control</li> <li>iii. Trends of researches on NCD prevention and control and ways for tripartite cooperation</li> </ul>

2 <sup>nd</sup> Symposium (2015, China)	
<b>Date</b>	October 23, 2015 
<b>Venue</b>	Beijing, China
<b>Agenda / Contents</b>	Policy and practices related to cancer and cardiovascular diseases and possible cooperation areas in the future

# Appendix

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## APPENDIX I

## OUTCOME DOCUMENTS OF THE THMM

## *Joint Statement of the First Tripartite Health Ministers Meeting (THMM)*

*April 8, 2007*

*Seoul, Republic of Korea*

We, the Health Ministers of China, Japan, and Korea, met in Seoul, Korea on April 8th, 2007, and discussed several issues of common concerns on health and medical field that includes pandemic influenza as well as clinical researches, emergency preparedness and response and traditional medicine.

### I. PANDEMIC INFLUENZA

1. The threat of pandemic influenza has been compounding with the increase in movement of people and goods among countries due to global trade liberalization and advancements in transportation. Accordingly, the need for close collaboration among the three countries is growing to minimize the spread of infectious disease into the nations as well as to protect public health, national economy, and national security.

2. However, social, economic, and cultural differences among the three countries and their dissimilar systems and procedures in health and medicine may be a stumbling block to a joint response against pandemic influenza. Therefore, in order to overcome such a potential impediment, it is vital for the three countries to share experiences and expertise, and enhance their cooperation.

3. Therefore, we at the Health Ministers Meeting (hereinafter referred to as the "Ministers Meeting") which was held today, agreed on the following and reaffirmed our commitment to striving to protect public health and minimize any economic damage caused by pandemic influenza in Northeast Asia

through mutual cooperation and exchanges.

First, three countries are focused on the following areas for joint activities related to pandemic influenza:

- (a) health quarantine, surveillance, and epidemiological investigation and rapid information sharing
- (b) diagnosis and treatment
- (c) research on vaccine development and anti-viral resistance
- (d) strategy development to minimize outbreaks, as well as joint simulations and desk-top exercises
- (e) rapid response and containment
- (f) cooperation in the development of public health laws and regulations and
- (g) other areas of cooperation that may be jointly decided upon by the Participants

Second, the following are the methods of effective cooperation related to pandemic influenza

- (a) cooperation in scientific and clinical programs and basic research projects
- (b) establishment of a joint working group to deal with issues related to pandemic influenza
- (c) designation of focal points for emergency contact and mutual cooperation

- (d) exchanging experts and training professional staff
- (e) information and technology sharing in support of activities of mutual interest
- (f) information sharing to deal with risk communications in advance
- (g) meetings, academic conferences, and joint desk-top exercises, and
- (h) annual meeting for related senior officials

Third, for joint activities identified in the second agreement, the three countries or their designees will take full responsibility for implementation, monitoring, and coordination of activities.

Fourth, all activities mentioned above are to be conducted in accordance with respective laws and regulations of the three countries and are subject to the availability of personnel, resources, and appropriated funds.

Fifth, measures for implementing all activities will be developed after this meeting through mutual consultations in accordance with common priorities.

## II. OTHER ISSUES

### 1. CLINICAL RESEARCHES

Recognizing that East Asia has been rapidly gaining importance as a venue of today's worldwide drug development, three Ministers affirmed the

significance of cooperation among three countries on clinical researches, including clinical trials, especially in clarifying the ethnic factors on the clinical data, in order to facilitate drug development.

### 2. EMERGENCY PREPAREDNESS AND RESPONSE INCLUDING DISASTER MANAGEMENT

Recognizing that international community is facing global health threats such as natural disasters and terrorisms, three Ministers agreed to consider the field of emergency preparedness and response as a future collaboration area among three countries.

### 3. TRADITIONAL MEDICINE

Recognizing the importance of traditional medicine in health care, the three ministers have agreed to consider traditional medicine as an area for future cooperation.

## III. NEXT MEETING

1. The Ministers Meeting is to be held on a regular basis, all activities will be conducted on 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 coordinated with, or be supportive of, the activities and goals of other international health bodies.

2. The next Ministers Meeting will be held in Beijing, China.

## Joint Statement of the Third Tripartite Health Ministers Meeting (THMM)

November 23, 2009  
Tokyo, Japan

We, the Chinese, Japanese and Korean Health Ministers met in Tokyo, Japan on the 23rd of November 2009 and discussed issues of common concern to our three countries in the health and medical fields. The discussion included pandemic influenza, clinical research, food safety, and emergency preparedness and responses.

### I. PANDEMIC INFLUENZA

Our three countries have continued to work closely together and strengthen our cooperation regarding joint responses to pandemic influenza based on the Joint Statement of the first Tripartite Health Ministers Meeting (THMM), the Memorandum of Cooperation regarding Joint Response against Pandemic Influenza among the Ministry of Health of the People's Republic of China, the Ministry of Health, Labour and Welfare of Japan, and the Ministry for Health, Welfare and Family Affairs of the Republic of Korea (hereinafter referred to as "the participants") on the 8th of April, 2007, and the Joint Action Plan on Joint Preparedness and Response against Pandemic Influenza signed at the second THMM.

We have strived to develop prevention and response measures against pandemic influenza and have expanded the scope of cooperation to include other Asian countries by holding international workshops. These were held in Fukuoka in March of 2009 and in Manila in September of 2009 and were supported by the WHO's Regional Office for the Western Pacific. Also, the participants have closely shared through their focal points epidemiological information on

cases of H1N1 influenza infection, relevant laboratory information, and information on public health measures, which has proved to be useful.

In light of the outbreak of the H1N1 virus, we reaffirmed the importance of continued cooperation among the participants as a means of improving Asia's responses against pandemics. In addition to the above-mentioned cooperation, continuous endeavors for sharing information—including information on public health responses to pandemic influenza in each country and relevant laboratory findings such as anti-viral resistance—should be taken in cooperation with the participants' CDCs, the WHO's Regional Office for the Western Pacific, ASEAN, and other Asia-Pacific countries. We also reaffirmed the importance of our commitment to strive to protect public health and minimize any damage caused by pandemic influenza in Asia through mutual cooperation and exchanges.

## II. OTHER ISSUES

### 1. CLINICAL RESEARCH

We welcomed the progress of cooperation in the area of clinical research, including that made through the holding of meetings of the heads of pharmaceutical-related bureaus of the participants. This progress was made after the first THMM, which acknowledged the importance of cooperation among the three countries in the area of clinical research including clinical trials. We reaffirmed the importance of tripartite cooperation in clinical research.

## 2. EMERGENCY PREPAREDNESS AND RESPONSES INCLUDING DISASTER MANAGEMENT

Based on the joint statement issued after the first THMM, which designated emergency preparedness and responses, including disaster management, as an area for future cooperation, an international symposium on disaster medical management was held in Tokyo in March 2009 and was attended by persons involved in this field in China, Korea, and Japan. An international Conference on Health Response to Natural Disasters was held in Chengdu China in April 2009. Because the sharing information on each country's disaster medical response systems and lessons learned from major earthquakes was highly valued at these symposia, we reaffirmed the importance of the field of emergency preparedness and responses as an area of cooperation among the participants and re-agreed that future cooperation shall be considered.

## 3. FOOD SAFETY

Based on the agreement made during the second THMM that the issue of food safety would be brought up at the next THMM, we affirmed the importance of tripartite exchanges and cooperation in the area of food safety. We signed a memorandum for strengthening tripartite exchanges and cooperation in the area of food safety, including the matter of notifying information in the case a food safety issue becomes apparent in any of the each countries.

### III. NEXT MEETING

1. We reaffirmed the common understanding that the Ministers Meeting is to be held on a regular basis and that all activities will be conducted on a 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.

2. The next meeting will be held in Korea in 2010.

## Contents of Memorandum of Cooperation on Food Safety

November 23, 2009

Tokyo, Japan

### BASIC CONCEPT

- (A) Utilizing the existing mechanisms and within the context of the WTO/SPS Agreement and the respective domestic laws and regulations, three sides establish a tripartite food safety consultation mechanism so as to strengthen tripartite exchanges and cooperation in the area of food safety, in line with the context of this Memorandum of Cooperation. All sides intend timely to conduct friendly dialogues and consultations about food safety issues of mutual concerns and use WTO/SPS measures scientifically, transparently and consistently.
- (B) All the exchanges and cooperation stated in this Memorandum of Cooperation will not affect current existing relations among other institutions and individuals in three countries. Rather, three sides intend to endeavor to identify new areas for joint activities and to avoid unnecessary duplication of current activities.

### AREAS OF COOPERATION

All sides intend to notify and exchange the following information in the area of food safety and inspection in line with the context of this Memorandum of Cooperation:

- (A) Relevant laws, regulations and compulsory standards of each side;
- (B) Inspection procedures, methods and technology of each side;

- (C) Each side's concerns and control measures on harmful organisms, diseases, and toxic and harmful residues, and scientific evidence;
- (D) Other matters, which three sides consent to exchange.

Each side intends to notify timely to the other sides with detected problem as well as measures for prompt and proper handling of the problems.

- (A) the safety and sanitary issues (pathogenic microorganisms, toxic and harmful residues)
- (B) certification

Each side intends to notify timely to the other sides of the specifics of detected problems with food safety, including the causes and measures taken to prevent the recurrence of such problems.

In order to promote coordination and maintain consistency in applying WTO/SPS measures in the food safety area and carrying out the exchange of information, each side intends to mutually send technical experts, and to hold meeting if necessary.

Each side intends to provide appropriate guidance on hygienic regulations of the other sides to manufacturers and distributors of exports in the country in order to further promote exchange and cooperation in the area of food safety.

All activities under this Memorandum of Cooperation are to be conducted in accordance with the respective laws and regulations of the three countries and are subject to the availability of personnel, resources, and appropriated funds.



Steps for cooperation under this Memorandum of Cooperation are to be developed through mutual consultations based on mutual priorities following the signature of this Memorandum of Cooperation.

## OTHERS

Any disputes concerning the cooperation under this Memorandum of Cooperation will be settled amicably through consultations among each side.

The cooperation under this Memorandum of Cooperation will come into operation on the date of signature. This Cooperation will continue for a period of five (5) years. This Memorandum of Cooperation may be modified with the mutual consent of the each side.

Tokyo, November 23rd, 2009

## Joint Statement of the Fourth Tripartite Health Ministers Meeting (THMM)

November 21, 2010  
Jeju, Republic of Korea

We, the Korean, Chinese and Japanese Health Ministers met in Jeju, Korea on November 21, 2010 and discussed issues of common concern to our three countries in the health and medical fields. The discussion covered pandemic influenza, food safety, clinical research, emergency preparedness and responses, and cooperation on the achievement of the health-related MDGs in the Region.

### 1. COOPERATION ON HEALTH ISSUES

#### (1) PANDEMIC INFLUENZA

We have continued to work closely together and strengthen our cooperation regarding joint responses to pandemic influenza based on the Joint Statement of the first Tripartite Health Ministers Meeting (THMM), the Memorandum of Cooperation regarding Joint Response against Pandemic Influenza signed on April 8, 2007 among the Ministry for Health, Welfare and Family Affairs of the Republic of Korea (changed now to the Ministry of Health and Welfare), the Ministry of Health of the People's Republic of China, and the Ministry of Health, Labour and Welfare of Japan (hereinafter referred to as "the Ministries"), and the Joint Action Plan on Joint Preparedness and Response against Pandemic Influenza signed at the second THMM.

We have strived to develop prevention and response measures against pandemic influenza and have strengthened cooperation through a tripartite seminar. The seminar was held in Seoul in March 2010 to discuss responses taken against pandemic

influenza and future plans. The Ministries also have closely shared through their focal points epidemiological information on cases of H1N1 influenza infection, relevant laboratory information, and information on public health measures, which led to successfully deal with pandemic influenza outbreaks last year.

In light of the outbreak of the H1N1 virus last year, we reaffirmed the importance of continued cooperation among the Ministries as a means of improving Asia's responses against pandemics. In addition to the above-mentioned cooperation, continuous endeavors for sharing information – including information on avian influenza such as H5N1 – should be taken in cooperation with the Ministries' CDCs, the WHO Regional Office for the Western Pacific, ASEAN and other Asia-Pacific countries. We also reaffirmed the importance of our commitment to striving to protect public health and minimizing any damage caused by pandemic influenza in Asia through mutual cooperation and exchanges.

#### (2) FOOD SAFETY

We shared the necessity to cooperate on food safety at the second THMM. Based on the Memorandum of Cooperation on Food Safety signed by the Ministries in November 2009, we have closely worked together in the area of food safety.

We have strengthened cooperation by holding a tripartite food safety forum in Jeju in November 2010.

We reaffirmed the need to exchange information

on food safety laws, regulations and compulsory standards as well as inspection procedures, methods and technology of each of the three countries and to promptly notify the other two Ministries if a matter related to food safety and sanitation takes place in one country. We also acknowledged the need to share information and exchange human resources for cooperation on food safety in the future.

### (3) CLINICAL TRIALS

We jointly decided at the first THMM to cooperate on clinical researches to facilitate drug development in the three countries. At the second and third THMM, we reaffirmed the need to continuously strengthen tripartite cooperation on clinical trials on drugs.

We held meetings of the Director-General level of pharmaceutical-related bureaus and of the working-level three times respectively. Through the meetings, we reaffirmed the importance of tripartite cooperation in the area of clinical research including clinical trials and decided on how to proceed with joint research on ethnic factors in clinical trials data of the three countries. In addition, we have strengthened cooperation on clinical trials through the tripartite joint symposium on clinical trials held in Tokyo, Beijing and Seoul in April 2008, December 2009 and September 2010, respectively.

We shared the view that we should strengthen cooperation on clinical trials between the Ministries.

### (4) EMERGENCY PREPAREDNESS AND RESPONSES INCLUDING DISASTER MANAGEMENT

Based on the Joint Statement issued after the first THMM, which designated emergency preparedness and responses, including disaster management, as an area for future cooperation, an international symposium on disaster medical management was held in Tokyo in March 2009 and was attended by persons involved in this field in Korea, Japan and China. The International Conference on Health

Response to Natural Disasters was held in Chengdu, China in September 2010.

Since sharing information on each country's disaster medical response systems and lessons learned from major earthquakes was highly valued at these symposia, we reaffirmed the importance of the field of emergency preparedness and responses as an area of cooperation among the Ministries and reaffirmed that future cooperation should be considered.

## 2. NEW AGENDA ITEM: HEALTH-RELATED MDGS

We fully endorse the World Health Assembly Resolution 63.15 that urges Member States to make progress toward the health-related MDGs. In particular, we share the view that improving health of women and children in developing countries is one of the core elements in achieving all eight goals.

We also decided to work together in our efforts to implement the Global Strategy for Women's and Children's Health launched at the High-level Plenary Meeting of the Sixty-fifth Session of the General Assembly of the United Nations. For that, we decided to share efforts and experiences of the three countries in improving maternal and child health in developing countries and to explore measures for further cooperation based on plans and progress of each of the three countries in terms of its action for the Global Strategy for Women's and Children's Health.

## 3. NEXT MEETING

(1) Acknowledging that strengthening cooperation in the health and medical fields is mentioned in "Vision 2020" adopted at the Third Trilateral Summit Meeting in May 2010, we reaffirmed the common recognition that the THMM is to be held on a regular

basis and that all activities will be conducted on a 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.

(2) The next meeting will be held in China.

## Joint Statement of the Fifth Tripartite Health Ministers Meeting (THMM)

November 13, 2011  
Qingdao, China

We, the Chinese, Japanese and Korean Health Ministers met in Qingdao, China on the 13th of November 2011 and discussed issues of common concern to our three countries in health and medical fields. The discussion covered Non-Communicable Disease prevention and control, Health Response to Emergencies such as Natural Disaster, and other topics.

### I. NON-COMMUNICABLE DISEASE

Prevention and control of Non-Communicable Diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes is our common concern. We acknowledge the importance and need to exchange and cooperate in the field of Non-Communicable Disease prevention and control. We fully endorse the Seoul Declaration on Non-communicable Disease Prevention and Control in the Western Pacific Region made at the WHO Western Pacific Regional High-level Meeting in Seoul in March 2011, Moscow Declaration made at the First Global Ministerial Conference on Healthy Lifestyle and Non-communicable Disease Control in Moscow in April 2011 and Political Declaration made at the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in New York in September 2011.

We decided to commit ourselves to actively engaging with all relevant sectors of governments in the follow-up to the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. For that, we will

hold ASEAN+3 Symposium on Non-Communicable Disease Prevention and Control today in Qingdao. We will share our efforts and experiences with ten ASEAN member states. We decided to have further cooperation and exchanges among us to reduce the burden of non-communicable diseases.

### II. HEALTH RESPONSE TO EMERGENCIES SUCH AS NATURAL DISASTER

The joint statement issued at the first THMM designated emergency preparedness and responses including disaster management as an area for tripartite health cooperation. Since then the exchange in this area has been conducted continuously. The International Symposium on Disaster Medical Management was held in Tokyo in March 2009. Two international conferences on health response to natural disasters were held in Chengdu China in April 2009 and September 2010. Experts and officials from our three countries attended these conferences and symposiums.

In March 2011 Japan was hit by an unprecedented earthquake and tsunami disaster, which posed great challenge to health of the affected people. China and Korea expressed condolence and willingness to offer support through CJK health cooperation mechanism. Solidarity was manifested in response to the Post-disaster relief. To communicate the experiences of the Post-disaster health relief work, we held a small group meeting on health response to Fukushima nuclear accident in Beijing in October 2011. We reaffirmed our commitment to cooperating in the

field of emergency preparedness and responses in the future.

### III. OTHER ISSUES

#### 1. PANDEMIC INFLUENZA

Joint response to pandemic influenza is the area in which the Tripartite Health Cooperation started. Since 2007, we have signed the Memorandum of Cooperation regarding Joint Response against Pandemic Influenza and the Joint Action Plan on Joint Preparedness and Response against Pandemic Influenza among the Ministry of Health China, the Ministry of Health, Labour and Welfare, Japan, and the Ministry of Health, Welfare and Family Affairs of the Republic of Korea. On the basis of these documents, we carried out various cooperation activities including seminars and workshops. The Ministries have also shared pandemic influenza prevention and control information through their focal points. We decided to commit ourselves to continuing this cooperation and minimize any negative impact of pandemic influenza in our region.

#### 2. FOOD SAFETY

Food safety is one of the important areas under the framework of the tripartite health cooperation. We have signed the Memorandum of Cooperation on Food Safety in November 2009. Based on this document, we have strengthened cooperation by holding a tripartite food safety forum in Jeju in November 2010. We also discussed the food safety measures in the small group meeting on health response to Fukushima nuclear accident in Beijing in October 2011. We reaffirmed our commitment to continuing our cooperation in this field on the basis of the Memorandum of Cooperation signed in 2009.

#### 3. CLINICAL TRIAL

Tripartite cooperation on clinical trials has been one of our cooperation areas since the first THMM. We held the fourth Director-General level meeting in Tokyo in October 2011. Through these meetings we enhanced our tripartite cooperation in the area of clinical trial. We shared the view that we need to strengthen cooperation on clinical trials between the Ministries.

#### 4. HEALTH-RELATED MDGS

In the fourth THMM, we decided to work together in our efforts to implement the Global Strategy for Women's and Children's Health launched at the High-level Plenary Meeting of the Sixty-fifth Session of the General Assembly of the United Nations. We shared the view that improving health of women and children in developing countries is one of core elements in achieving health-related MDGs. We decided to continue our cooperation in this field. As part of the efforts, Korea will host the International Forum on Strengthening MCH Partnerships for Attaining MDGs on 15 November 2011 in Seoul, with a view to strengthening cooperation between our three countries in conducting programs for maternal and child health in developing countries.

### IV. NEXT MEETING

1. We reaffirmed the shared recognition that the Ministers Meeting is to be held on a regular basis and that all activities will be conducted on a basis of equality, reciprocity, and mutual benefit, and should be in harmony with the activities and goals of other international health bodies, where applicable, and do not affect relations currently established between institutions or individuals of each country.
2. The next meeting will be held in Japan.

## Joint Statement of the Sixth Tripartite Health Ministers Meeting (THMM)

November 24, 2013  
Seoul, Republic of Korea

We, the Korean, Chinese, and Japanese Health Ministers met in Seoul, Korea on November 24, 2013 and discussed issues of common concern to our three countries in health and medical fields. The discussion covered pandemic influenza and emerging/re-emerging infectious diseases, universal health coverage, population aging, prevention and control of non-communicable disease, health-related Millennium Development Goals (MDGs).

### I. PANDEMIC INFLUENZA AND EMERGING/ RE-EMERGING INFECTIOUS DISEASES

Joint response to pandemic influenza is the area where tripartite health cooperation started. We signed the Memorandum of Cooperation on a Joint Response against Pandemic Influenza in 2007 and the Joint Action Plan on Joint Preparedness and Response against Pandemic Influenza in 2008. On the basis of these documents, we have carried out various cooperation activities including table-top exercises, seminars and workshops. We acknowledged the usefulness of rapid information sharing through the focal points when the pandemic influenza A (H1N1) emerged in 2009.

Recent emerging of human cases with avian influenza A (H7N9) virus in China and Middle East respiratory syndrome coronavirus in the Middle East region have posed a challenge to global health. Korea and Japan applauded China for its effective response to the human cases of influenza A (H7N9)s and timely communication about

epidemiological and clinical information through the CJK cooperation. We all acknowledged and reaffirmed the importance of the close cooperation based on the mechanism through this experience. Therefore we decided to continue and strengthen the cooperation on pandemic potential events. We also decided to expand the scope of the cooperation to other emerging/re-emerging infectious diseases where joint efforts are required in order to minimize damage caused by outbreaks. To closely work together in the field of preparedness and response against pandemic influenza and emerging/re-emerging infectious diseases of common concern, we renewed the Memorandum of Cooperation and the Joint Action Plan in this THMM.

### II. UNIVERSAL HEALTH COVERAGE

We acknowledged universal health coverage as one of the most powerful unifying concept in health. We have experienced diverse paths and challenges in the process of developing our own policies ultimately aimed at sustainable universal health coverage. Endorsing Resolution 58.33 of the World Health Assembly on sustainable health financing, universal coverage, and social health insurance, and Resolution 64.9 of the World Health Assembly on sustainable health financing structures and universal coverage, and Resolution 67/81 of UN General Assembly on global health and foreign policy, we reaffirmed the need to share the experience of health system development and learn from each other among the three countries for more efficient health system.

We reached a conclusion that universal health coverage will be another important area for the trilateral cooperation. We will have an opportunity to discuss the achievement and challenges in the process of realizing Universal Health Coverage of the three countries and look for strategies to deal with the challenge of extension, service delivery, financial protection and sustainability.

Being of the same view that the concept of UHC covers a series of different issues, we acknowledged that it is critical to create opportunities for regular exchanges and cooperation on key elements of universal health coverage between governments and academia.

### III. OTHER ISSUES

#### 1. POPULATION AGING

Population aging is the common demographic changes facing our three countries that could have a huge impact on the future healthcare environment. We shared the view that there is a need to review the current health care system and governance to ensure more healthy and active aging of growing elderly population.

We believe that the three countries can work together for smart response to aging population. We reaffirmed our commitment to implementing what had been discussed in the fourth Korea-China-Japan Forum on Aging held in Shanghai, China in July this year, which produced productive discussion on aging society and health services. We decided to work together to promote exchanges between governments and academia where cooperation is likely to have the greatest impact considering racial and cultural similarities between the three countries.

#### 2. NON-COMMUNICABLE DISEASE

Prevention and control of non-communicable

diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, is our common concern. We acknowledge the importance and need to exchange and cooperate in the field of non-communicable disease prevention and control. We fully endorse the Political Declaration made at the High-level Meeting of the UN General Assembly on the Prevention and Control of Non-communicable Diseases in New York in September 2011, Comprehensive Global Monitoring Framework and Targets for the Prevention and Control of Non-communicable Diseases, and Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 adopted at the 66th World Health Assembly in May 2013.

We decided to commit ourselves to actively engaging with all relevant sectors of governments in the follow-up to the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

Recognizing the importance of shifting the focus of healthcare paradigm to prevention and controlling main risk factors including tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet, we decided to share policy efforts made for the purpose. In relation to tobacco control where international efforts are made with the WHO at the center, we support commitment expressed in the fifth Conference of the Parties to the WHO Framework Convention on Tobacco Control held in Seoul in 2012. In particular, we will uphold the Seoul Declaration and the spirit of the Protocol on Illicit Trade in Tobacco Products for the sake of the health protection of our people.

Considering policy directions and expert opinion of the three countries regarding the prevention and control of non-communicable diseases, we also decided to produce possible collaborative topics where the three countries have common interest and find as having the greatest impact and to strengthen

efforts for academic exchanges and joint research.

### 3. HEALTH-RELATED MDGS

In the fourth THMM, we had decided to work together in our efforts to implement the Global Strategy for Women's and Children's Health launched at the High-level Plenary Meeting of the Sixty-fifth Session of the General Assembly of the United Nations. Recognizing that improving health of women and children in developing countries is one of the core elements in achieving health-related Millennium Development Goals (MDGs), we decided in this THMM to continue our cooperation in this field by 2015, the target year of MDGs.

Investment made since 2000 to achieve health-related MDGs has saved countless lives across the world and played a critical role in improving health and welfare in the poorest countries. In light of the notion, health should be given a priority in the next generation of global development goals and we will strengthen experience sharing and other cooperative

activities in the fields of health-related global development goals. In particular, we shared the view that key elements of universal health coverage should be included in the next global development goals. Today we took this opportunity to highlight the need to include those health-related elements in the post-2015 global development goals.

### IV. NEXT MEETING

1. We reaffirmed the shared recognition that the THMM is to be held on a regular basis and that all activities will be conducted on the basis of equality, reciprocity, and mutual benefit, and should be in harmony with the activities and goals of other international health bodies, where applicable, and do not affect relations currently established between institutions or individuals of each country.
2. The next meeting will be held in China in 2014.

## Joint Statement of the Seventh Tripartite Health Ministers Meeting (THMM)

November 23, 2014  
Beijing, China

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 trillion<sup>1</sup> 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 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.

<sup>1</sup> 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](http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf)

## **Joint Statement of the Seventh Tripartite Health Ministers Meeting (THMM) for the Preparedness and Response of Ebola Virus Disease (EVD) Outbreak**

*November 23, 2014  
Beijing, China*

We, the Chinese, Japanese and Korean Health Ministers met in Beijing, China in November 23, 2014 and recognized the need to take joint action and the need to contribute to the global efforts in responding to Ebola virus disease (EVD) outbreak that has become a global health crisis.

Facing with the outbreak of EVD, we exchanged the useful information and knowledge including preparedness and response plans and actions in each country through the focal points based on the tripartite Memorandum of Cooperation and Joint Action Plan on a Joint Response against Pandemic Influenza and Emerging/re-emerging Infectious Diseases of Common Concern signed by three ministers in 2013.

We again acknowledged the importance of the framework through the current experiences on EVD outbreak and reaffirmed the need not only to continue but also to enhance the cooperation of the three countries.

We will work together in order to enhance mutual cooperation on the information and knowledge sharing through the focal points and experts as well as preparedness and response activities.

As an initial step, some technical topics of EVD will be discussed at the next Korea-Japan-China Forum on Communicable Disease Control and Prevention in November 26, 2014 in Korea by tripartite experts.

## **Joint Statement of the Eighth Tripartite Health Ministers Meeting (THMM)**

*November 29, 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.



## 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.

## Memorandum of Cooperation on a Joint Response against Pandemic Influenza and Emerging/Re-emerging Infectious Diseases of Common Concern

*Adopted in 2007, renewed in 2013 and 2016*

The Ministry of Health, Labour and Welfare of Japan, Ministry of Health and Welfare of the Republic of Korea and the National Health and Family Planning Commission of the People's Republic of China (hereinafter referred to as "the Participants")

Guided by their willingness to develop fruitful cooperation among the three countries in the field of public health security related to pandemic influenza and emerging/re-emerging infectious diseases of common concern (hereinafter referred to as "ERIDCC");

Considering that Japan, the Republic of Korea and the People's Republic of China share a strong tradition in public health research and have a long history of collaboration in the public health field;

Recognizing the importance of international cooperation to minimize damage on public health security and socio-economy caused by an outbreak of pandemic influenza and ERIDCC;

Considering the need to pursue a pandemic influenza and ERIDCC-free area among Japan, the Republic of Korea and the People's Republic of China and to make common efforts to develop efficient ways to create such an area; Have reached common recognition:

1. The Participants intend to enhance and expand cooperative efforts in pandemic influenza and ERIDCC prevention and control in line with the following general principles:

- (a) all activities will be conducted on the basis of equality, reciprocity and mutual benefits;
  - (b) the cooperation provided for in this Memorandum of Cooperation will not affect relations currently established between institutions or individuals of Japan, the Republic of Korea and the People's Republic of China rather, the Participants intend to endeavor to identify new areas for joint activities and to avoid unnecessary duplication of current activities; and
  - (c) joint activities, where possible, are expected to be coordinated with, or be supportive of, the goals and activities of other international health bodies, including the World Health Organization and other United Nations agencies.
2. The Participants continue to provide for an expansion of cooperation across a broad range of mutual interests related with pandemic influenza and ERIDCC. Efforts are to be directed at developing joint activities addressing their common concerns in the areas of:
- (a) Rapid information sharing in ordinary times and an outbreak emerged;
  - (b) Surveillance, early-warning and epidemiological investigation;
  - (c) Infectious disease control measures;
  - (d) Development of diagnostics and vaccine;

- (e) Clinical management and antiviral resistance;
  - (f) Development of strategies to minimize outbreaks by using joint simulation and table-top exercises;
  - (g) Sharing information of public health laws and regulations;
  - (h) Sharing information related to public risk communication;
  - (i) Sharing laws, regulations and guidelines on quarantine;
  - (j) Exchanging the list of infectious diseases subject to quarantine, as well as information on cases of such infectious diseases;
  - (k) Other areas of cooperation that may be jointly decided upon by the Participants.
3. The methods of cooperation provided for in this Memorandum of Cooperation include, but are not limited to:
- (a) Designation of focal points for prompt communication for both ordinary times and in the case of an outbreak;
  - (b) Establishment of a joint working group or program for common concerns and scientific research;
  - (c) Exchange of experts and official;
  - (d) Sharing information and knowledge in support of activities of mutual interest;
  - (e) Holding high-level meetings, academic conferences/workshops and joint table-top exercises.

4. The Participants also intend to encourage and facilitate the establishment of direct relationships among other appropriate institutions and individuals in the three countries. For each area of cooperation, the Participants intend to identify the appropriate entities to take the lead in overseeing the practical implementation of cooperative activities. The appropriate entities of the Participants will be responsible for coordinating communications and activities with their counterparts and will be responsible for fulfilling mutually decided responsibilities.

5. All activities conducted under this Memorandum of Cooperation are to be conducted in accordance with the laws and regulations of the respective countries and are subject to the availability of personnel, resources, and appropriate funds. Steps for cooperation under this Memorandum of Cooperation are to be developed through mutual consultations based on mutual priorities following the signature on this Memorandum of Cooperation.

6. Any disputes about the cooperation under this Memorandum of Cooperation will be settled amicably through consultations between the Participants.

7. The cooperation under this Memorandum of Cooperation will commence on the date of signature by the Participants and will continue for a period of five years. The Participants should review whether to renew this Memorandum of Cooperation every five years.

8. This Memorandum of Cooperation may be modified with the mutual consent of the Participants.

Signed in triplicate at Busan, on the 4th of December, 2016, in the English language.

## Joint Action Plan on Preparedness and Response against Pandemic Influenza and Emerging/Re-emerging Infectious Diseases of Common Concern

Adopted in 2008, renewed in 2013 and 2016

The Ministry of Health, Labour and Welfare of Japan, the Ministry of Health and Welfare of the Republic of Korea and the National Health and Family Planning Commission of the People's Republic of China (hereinafter referred to as "the Participants"),

Based on the Memorandum of Cooperation signed at the ninth Tripartite Health Ministers' Meeting on December 4th, 2016,

Reaffirming the need for joint efforts by the three countries for pandemic influenza and emerging/re-emerging infectious diseases of common concern (hereinafter referred to as "ERIDCC") and the importance of international cooperation for rapid and effective responses to minimize damage to the public health and the socio-economic consequences from a possible outbreak,

Have reached the following Joint Action Plan:

### 1. FOCAL POINTS

**1-1.** The Participants designate the following organizations as channels for information sharing and will utilize them as focal points regarding pandemic

- Japan: Tuberculosis and Infectious Disease Control Division / Office of Global Health Cooperation, International Affairs Division / Office of Quarantine Station Administration, Ministry of Health, Labour and Welfare;

- Korea: Division of Infectious Disease Control, Korea Centers for Disease Control and Prevention / Division of Quarantine Management / Division of International Cooperation, Ministry of Health and Welfare;

- China: Department of International Cooperation, National Health and Family Planning Commission / Department of Health and Quarantine, Administration of Quality Supervision, Inspection and Quarantine.

**1-2.** The Participants will establish an audio or video conference network and use other methods such as email to facilitate information sharing.

**1-3.** The Participants will make every effort to further strengthen collaborative relationships and information sharing with relevant official organizations in order to make sure that their nationals residing in the other two countries have an access to reliable information in the case of an outbreak.

**1-4.** The Participants will promptly update and share the information whenever the focal point is changed.

### 2. INFORMATION AND KNOWLEDGE SHARING

**2-1.** Each Participant will provide the other Participants with as much information as it has on any confirmed and suspected case of human influenza caused by a new subtype or any confirmed or highly suspected case of ERIDCC that occur outside of the three countries.

**2-2.** If human influenza caused by a new subtype or ERIDCC emerges in one of the three countries, the originating country will provide the following information to the

- epidemiological characteristics;
- clinical characteristics;
- virological and laboratory characteristics; and
- infectious disease control measures taken to deal with the event.

**2-3.** The Participants will cooperate in strengthening preparedness and response in the field of health quarantine by conducting the following activities:

- Establishing a communication network;
- Sharing laws, regulations and guidelines on quarantine;
- Exchanging the list of infectious diseases subject to quarantine, as well as information on cases of such infectious diseases;
- Developing working groups to implement the above activities;
- Visiting health quarantine sites if necessary.

**2-4.** Experts and officials will be exchanged to enhance the cooperation of information and knowledge sharing and close communication if necessary.

### 3. RISK COMMUNICATION

The Participants will take the following measures to effectively provide accurate information to the public in the case of an outbreak of pandemic influenza and ERIDCC:

- provide reliable information to the general public in the three countries by posting developments of the outbreak and response measures taken, on

the websites of the Ministry of Health, Labour and Welfare, and the National Institute of Infectious Disease of Japan; Korea Centers for Disease Control and Prevention; and the National Health and Family Planning Commission of China.

### 4. IMPARTIAL INTERVENTION FOR EARLY INFECTIOUS DISEASE CONTROL MEASURES

The Participants will work together to ensure the following measures will be implemented without regard to nationality:

- the provision of impartial preventive measures including quarantine and isolation for early infectious disease control.

### 5. DIAGNOSTICS, MEDICINE AND VACCINE DEVELOPMENT

The Participants will share the available information regarding the status of diagnostics, medicine and vaccine for pandemic influenza and ERIDCC.

### 6. EXPANSION OF THE COOPERATION

The Participants will strive to develop prevention and response measures against pandemic influenza and ERIDCC by doing regular activities such as:

- carrying out joint exercises for preparing against pandemic influenza and ERIDCC occasionally after negotiations among the three countries; and
- conducting international joint table-top exercises including exercises supported by the World Health Organization, seminars and symposia by inviting other Asian countries to expand the scope of cooperation.

## 7. CONDITION

**7-1.** This Joint Action Plan will be carried out in accordance with the respective laws and regulations of the Participants and subject to the availability of personnel, resources and funds of the Participants.

**7-2.** Any disputes between the Participants that may arise from the interpretation or implementation of this Joint Action Plan will be settled amicably by consultations and negotiations between the Participants.

## 8. MODIFICATIONS AND TERMINATION

**8-1.** The cooperation based on this Joint Action Plan will commence on the date of signature by the Participants, and will be in effect for a period of five years. The Participants should review every five years whether to renew this Joint Action Plan.

**8-2.** This Joint Action Plan may be modified at any time by mutual written consent of the Participants. The cooperation will terminate in case of the occurrence of any special reasons by which the cooperation cannot continue by notifying the other in writing its intent to terminate the cooperation.

Signed in triplicate in Busan, on the 4th of December, 2016, in the English language.

## APPENDIX II

### KEY TERMS RELATED TO TRIPARTITE HEALTH COOPERATION

Source of the Key Terms: WHO Website, UNDESA Report on World Population Aging

#### 1. Pandemic Influenza and Emerging/Re-emerging Infectious Diseases

##### Pandemic Influenza

A pandemic occurs when an influenza virus which was not previously circulating among humans and to which most people don't have immunity emerges and transmits among humans. These viruses may emerge, circulate and cause large outbreaks outside of the normal influenza season. As the majority of the population has no immunity to these viruses, the proportion of persons in a population getting infected may be quite large.

##### Emerging Infectious Diseases

Emerging infectious diseases are those whose incidence in humans has increased during the last two decades or which threatens to increase in the near future. The term includes newly-appearing infectious diseases or those spreading to new geographical areas. It also refers to those that were easily controlled by chemotherapy and antibiotics but have developed antimicrobial resistance.

##### Related Facts on Tripartite Health Cooperation

- Tripartite health cooperation under the framework of THMM began from 2007 for the joint response to pandemic influenza. It has been the continuous agenda of the THMM since its inauguration.
- The three countries signed MOC in 2007 and JAP in 2008 to enhance and expand cooperative efforts in pandemic influenza prevention and control.
- Trilateral Forum on Communicable Disease Control and Prevention was initiated from 2007.
- The MOC and JAP was renewed in 2013 to expand the scope of the cooperation to other emerging/re-emerging infectious disease where joint efforts are required
- The three countries signed the Joint Statement of the Seventh THMM for the Preparedness and Response of Ebola Virus Disease Outbreak in 2014 to enhance mutual cooperation against Ebola outbreak.
- The MOC and JAP was renewed in 2016 to encompass the cooperation in the area of quarantine.

## 2. UHC

### UHC

UHC means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

### Objectives of UHC

- Equity in access to health services - everyone who needs services should get them, not only those who can pay for them;
- The quality of health services should be good enough to improve the health of those receiving services; and
- People should be protected against financial-risk, ensuring that the cost of using services does not put people at risk of financial harm.

### Related Facts on Tripartite Health Cooperation

- UHC emerged as one of the important agendas of the THMM since 2013.

## 3. Population Aging

### Population Aging

Population ageing refers to the increasing share of older persons in the population. According to data from World Population Prospects: the 2015 Revision (United Nations, 2015), the number of older persons—those aged 60 years or over—has increased substantially in recent years in most countries and regions, and that growth is projected to accelerate in the coming decades.

### Levels of Population Aging

Between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56 per cent, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to more than double its size in 2015, reaching nearly 2.1 billion. Globally, the number of people aged 80 years or over, the “oldest-old” persons, is growing even faster than the number of older persons overall. Projections indicate that in 2050 the oldest-old will number 434 million, having more than tripled in number since 2015, when there were 125 million people over age 80.

### Related Facts on Tripartite Health Cooperation

- Trilateral High-Level Meeting and Policy Seminar on Aging was inaugurated in 2010. The three countries are continuing their cooperative efforts based on the MOC on Healthy Aging under the framework of this Meeting and Seminar.
- Population aging emerged as one of the important agendas of the THMM since 2013.

## 4. NCDs

### NCDs

NCDs, also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behaviors factors. The main types of NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.

### NCD Risk Factors

Modifiable behaviors, such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, all increase the risk of NCDs. Metabolic risk factors contribute to four key metabolic changes that increase the risk of NCDs, which are raised blood pressure, overweight/obesity, hyperglycemia (high blood glucose levels) and hyperlipidemia (high levels of fat in the blood).

### Related Facts on Tripartite Health Cooperation

- NCDs emerged as one of the important agendas of the THMM since 2011.
- Trilateral Symposium on Prevention and Control of Non-Communicable Diseases was initiated from 2014

## 5. Health Related MDGs & SDGs

### MDGs

The MDGs were 8 goals that all 189 UN Member States have agreed to try to achieve by the year 2015. The 8 goals are:

1. to eradicate extreme poverty and hunger
2. to achieve universal primary education
3. to promote gender equality and empower women
4. to reduce child mortality
5. to improve maternal health
6. to combat HIV/AIDS, malaria, and other diseases
7. to ensure environmental sustainability
8. to develop a global partnership for development

### SDGs

The SDGs are 17 goals with 169 targets that all 191 UN Member states have agreed to try to achieve by the year 2030. The MDGs have been superseded by the SDGs that build on the achievements of the MDGs but are broader, deeper and far more ambitious in scope. Health has a central place in SDG 3. Ensure healthy lives and promote wellbeing for all at all ages.

### SDG 3: Ensure healthy lives and promote wellbeing for all at all ages

- 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.
- 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.
- 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
- 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
- 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents.
- 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
- 3.a Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.
- 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.
- 3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.
- 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

### Related Facts on Tripartite Health Cooperation

- MDGs has been as one of the important agendas of the THMM from 2010 to 2014.
- Three countries from 2015 are continuing the tripartite cooperation to accomplish key targets of SDG 3, with achieving UHC in particular.

