

Kobe Communiqué

G7 Health Ministers' Meeting

11-12 September 2016

We, the Health Ministers and high representatives of Canada, France, Germany, Italy, Japan, the United Kingdom, the United States, and the European Commissioner for Health and Food Safety gathered in Kobe, Japan on 11-12 September 2016 in continuation of the G7 Ise-Shima Summit on 26-27 May 2016 to address major global health challenges. We were joined by heads and senior officials of the World Health Organization (WHO), the UN Office for the Coordination of Humanitarian Affairs (UNOCHA), the Organisation for Economic Co-operation and Development (OECD), and the World Bank as well as the Ministers from Lao People's Democratic Republic, Myanmar, Singapore and Thailand.

Health is fundamentally a global issue. G7 members share common values and interests and recognize the importance of ensuring healthy lives and well-being for all at all ages. The year 2016 marks the first year of the implementation of the 2030 Agenda for Sustainable Development, and we are fully committed to implementing the health-related Sustainable Development Goals (SDGs), including the achievement of universal health coverage (UHC).

We commit to take the following actions which complement the G7 Ise-Shima Vision for Global Health, to be followed up by respective senior government officials including Chief Medical Officers to ensure implementation.

1. Reinforcing the Global Health Architecture for Public Health Emergencies

Global health security remains high on the international agenda. We welcome the progress made by the WHO and the UNOCHA following the G7 Ise-Shima Summit to establish standard operating procedures for health and humanitarian system-wide coordination among WHO and other relevant UN partners, under the UN Secretary General (UNSG), to respond to global public health emergencies. Considering that continued efforts are crucial to reinforce the Global Health Architecture, we commit to further monitoring the progress as part of ongoing mechanisms through the WHO. Moreover, we look forward to further progress at the 71st Session of the UN General Assembly.

We reaffirm the WHO in its central role in coordinating the response to, and leading on preparedness for global public health emergencies and encourage it to fully coordinate with other relevant health and humanitarian agencies to leverage their expertise and networks

on the ground, while keeping in mind the continued need to support other essential services during the response and recovery phases.

We welcome the establishment of the Global Health Crises Task Force appointed by the UNSG, which monitors, and supports the follow-up and implementation of the recommendations resulting from the UN High-Level Panel on the Global Response to Health Crises. We look forward to seeing the developments and outcomes of the Task Force.

We support the newly endorsed WHO Health Emergencies Programme, a single program encompassing all three levels of the WHO, headquarters, regional offices and country offices, and the establishment of the Emergency Oversight and Advisory Committee. We urge the WHO to continue with prompt and effective implementation of these emergency reforms. We welcome the appointment of the new Executive Director and we look forward to his leadership in operationalizing the reforms, recognizing its financial resource needs and the commitment of the member states to support the program, as well as the need to instill timely administrative procedures for rapid response. We welcome the commitment made by the G7 countries thus far.

To ensure prompt actions in responding to public health emergencies, we promote and support funding mechanisms that enable swift disbursement of resources, including the WHO's Contingency Fund for Emergencies and the World Bank's Pandemic Emergency Financing Facility.

We commit to continue to develop domestic and global human resources to prepare for and respond to public health emergencies and to work closely with the WHO to enhance the global health emergency workforce including through collaborative rapid deployment mechanisms such as the European Medical Corps, the Japan Disaster Relief Infectious Diseases Response Team and the U.S. Centers for Disease Control and Prevention's Global Rapid Response Team.

The International Health Regulations (2005) (IHR) represent a consensus among 196 countries including all the Member States of the WHO, to work together for global public health security and to enhance preparedness for and prevention of public health emergencies. Effective implementation of the IHR is more important than ever, and we commit to implementing the IHR and maintaining the IHR core capacities.

The IHR core capacities are an essential component of health systems strengthening and we continue to support countries and empower communities in need by strengthening their national health system programs, including addressing IHR core capacities and by

ensuring optimal regional arrangements and synergies building on already existing structures, such as the WHO Department of Global Capacities Alert and Response and its Lyon office and with other relevant global health initiatives, such as Global Health Security Agenda and the Alliance for Country Assessments for Global Health Security and IHR Implementation.

We welcome the report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response and look forward to the establishment of the global implementation plan for the Committee's recommendations.

We commit to report our progress by the end of 2016 toward implementing the G7 Leaders' commitment to offer assistance to 76 countries and regions to build IHR core capacities. . In addition, we support those partners' efforts to develop national plans and to achieve the common targets of the WHO Joint External Evaluation tool for the IHR in close coordination with other relevant organizations. We also reiterate our commitment to support, undergo and share such evaluations, led by the WHO, with our partners and relevant organizations.

We welcome the ongoing progress of discussion at the World Bank Group to include preparedness, response and recovery against pandemics in the policy commitments of the International Development Association.

2. Attaining Universal Health Coverage and Promotion of Health throughout the Life Course focusing on Population Ageing

Universal Health Coverage

We are convinced that resilient, inclusive, affordable, sustainable and equitable health systems will lay a foundation for achieving UHC, which better prepares health systems to respond to diverse health challenges, including infectious diseases, non-communicable diseases, malnutrition, reproductive health and promoting health for all throughout their life course. In particular, such systems should be responsive to the specific needs of vulnerable populations such as women and girls, adolescents and children, the elderly, and refugees as well as those of immigrants.

We commit to support countries to advance UHC. We will collaborate with relevant partners to achieve this goal, in line with the SDGs, and are looking forward to the nomination of a UN Special Envoy for UHC. We also welcome the launch of the International Health Partnership (IHP) for UHC 2030 in June 2016 as the platform to coordinate and consolidate global efforts towards UHC. We will foster the further development of the IHP for UHC 2030 with appropriate support of initiatives such as the Roadmap "Healthy Systems, Healthy

Lives”, which suggests a holistic concept for health systems strengthening. In addition, the issue of vulnerable populations including the elderly should be embedded in the IHP for UHC 2030. We will contribute to monitoring the progress of UHC through existing mechanisms and will work together to identify other possible indicators including measurements of the contribution of vertical programs to achieve UHC.

We welcome the launch of the framework for “UHC in Africa”, which was announced at the 6th Tokyo International Conference on African Development in August, 2016.

In light of rising health care costs, we reaffirm that investments to strengthen health systems, through evidence-based and transparent prioritization methodologies, particularly health technology assessment are crucial in the decision-making process toward UHC. Economic evaluation of interventions is essential for the efficient and sustainable allocation of finite resources within health systems, and we encourage research and improved information sharing on this matter.

We highlight the interdependence of the SDGs, including the specific contribution of progress on Water, Sanitation and Hygiene (WASH), along with other infection prevention and control measures, including immunization as one of the key cost-effective measures in combating infectious diseases, halting the spread of antimicrobial-resistant infections as well as in contributing to individual well-being throughout the life course. We also recognize the importance of addressing childhood malnutrition, in particular, reducing stunting in developing countries.

We recognize the global shortage of well-trained health professionals and welcome the adoption of the Global Strategy on Human Resources for Health: Workforce 2030 at the 69th World Health Assembly. Women significantly contribute to the health workforce and particular attention to this element of the workforce is necessary. We look forward to receiving the report of the High-Level Commission on Health Employment and Economic Growth, placing a focus on gender equality.

With the SDGs, we have committed to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases by 2030. Given the historic opportunity to fast-track the response to end these epidemics, we intend to continue to support financing of the response, including through the use of development assistance to promote mobilization of domestic resources to accelerate the progress. To this end, we look forward to a successful 5th replenishment of the Global Fund, and call on traditional and new donors to participate actively in the replenishment conference to be held in Montreal on 16 and 17 September, 2016. We welcome the commitment made by the G7 countries thus far.

The end to polio is also within reach. Financing polio eradication activities to ensure we have the last global case this year, will require commitments from all stakeholders to reach every child, including in challenging operating environments, with the polio vaccine. Ultimately, the transition of polio assets, including a large community health workforce, has the potential to ensure strengthened health systems to help achieve UHC.

Ensuring Health Systems Prepared for Healthy and Active Ageing

Population ageing is a common challenge that has social and economic implications, not only within the G7 members but particularly within many developing and transitional countries which are or will be facing this challenge in the near future at a faster pace than in the past. We reaffirm our commitment to ensure our health and social support systems are better prepared for population ageing. We also acknowledge that quality health care, long-term care as well as health promotion and prevention throughout the life course and other social security programs targeted at ageing populations are an integral part of prosperous and sustainable ageing societies.

We commend the reports by WHO and OECD which well describe the situation of global ageing as well as the linkage between ageing societies and UHC. We recognize the need for continued research, including social and behavioural science as well as advances in technology and economic evaluations to better understand and manage the health and well-being of ageing populations.

Valid and reliable data are essential for high-quality health care systems and monitoring the SDGs, including UHC. Supporting basic data collection such as civil registration and vital statistics (CRVS), as well as health and health care data, would help countries be better prepared for population ageing. In view of facilitating effective and efficient response to global population ageing, we acknowledge the value of using international statistical classifications including the International Statistical Classification of Diseases and Related Health Problems (ICD) and the International Classification of Functioning, Disability and Health (ICF) as well as a global survey on key indicators of health and needs of the elderly integrated into existing survey and routine reporting mechanisms as much as possible.

We welcome the adoption at the 69th World Health Assembly of the Global Strategy and Action Plan on Ageing and Health and support the WHO's efforts to implement it. We support, as appropriate, developing and transitional countries to promote healthy and active ageing according to their resources, cultural preferences and social choices about which policy interventions should be employed, consistent with the WHO Global Strategy and Action Plan on Ageing and Health. We commit to share our knowledge and experiences addressing population ageing, such as social security systems for the elderly and multi-sectoral approaches to healthy and active ageing including the promotion of

Age-Friendly Communities.

We remain concerned about the impact of non-communicable diseases (NCDs) throughout the life course and their impact on the quality of life of the elderly. The steadily increasing incidence and prevalence of NCDs and the challenge of multiple morbidities will require new and flexible approaches. Therefore we affirm the importance of NCD prevention including at earlier stages in life, by taking steps to ensure healthy lifestyles and health-promoting environments, by appropriately targeting vulnerable groups, and by sharing best practices in collaboration with the WHO.

Dementia

Since the first WHO Ministerial Conference on Global Action Against Dementia in March 2015, the international community has sought to put global dementia activities on a sustainable footing. We share a commitment to put in place necessary policies and resources for the care of people with dementia including enabling earlier diagnosis to improve approaches to care.

Promoting age-friendly and dementia friendly communities, including the acceleration of the WHO's Global Network of Age-Friendly Cities and Communities, are approaches to support people with dementia and their caregivers, by sharing accumulated evidence, generating new data and improving an understanding of dementia.

A widespread understanding of what it means to live with dementia and how best to support those living with it can lead to more inclusive environments and improve respect for human rights. We support the work by various sectors towards communities becoming dementia-friendly and making thoughtful efforts and adjustments, so that they can continue to be accessed and enjoyed by people with dementia. We also look for other evidence-based effective practices to support people with dementia and their caregivers.

In order to further enhance our knowledge and accelerate the development of treatment, we encourage research on dementia, including the benefits and effectiveness of Age-Friendly Communities, Dementia-Friendly Communities, and Dementia Supporters / Friends.

We will continue to engage in global initiatives such as supporting the World Dementia Council, which aims to stimulate the innovation, development and equitable availability of life enhancing drugs, treatments and care for people with dementia, and in the protection of those at higher risk of dementia.

We will work with WHO in preparing a draft of a WHO global action plan on a public health

response to dementia, to be submitted to the next World Health Assembly in 2017.

3. Antimicrobial Resistance (AMR)

As a critical global agenda item, we continue to accelerate political commitments to promote effective action, and to reinforce urgency in the global cooperation toward the High-Level Meeting on AMR at the 71st UN General Assembly on 21 September, 2016 and beyond. We urge that relevant organizations including the WHO, the Food and Agriculture Organization (FAO), the World Organisation for Animal Health (OIE), the World Bank, the United Nations Environment Programme (UNEP) and others coordinate their efforts with each other and Member States.

We reiterate that we provide cooperative support for the full implementation of the WHO Global Action Plan on AMR, including implementation and progress of our own national action plans and support to countries on their national plans, taking a multi-sectoral “One Health” approach.

We emphasize the importance of improving infection prevention and control measures, in both humans and animals, and promoting integrated and aligned surveillance on AMR and antimicrobial use among humans and animals with a view to implementing national measures for strengthening the prudent use of antimicrobials. Evidence-based targets for reducing misuse that align with improved health outcomes may support this approach. We encourage each other and call upon other countries to enroll in the Global Antimicrobial Resistance Surveillance System (GLASS) and consider providing support to low and middle income countries to develop laboratory capacities for monitoring and surveillance of AMR and antimicrobial use.

We commit to preserve the effectiveness of antimicrobials as a global public good through appropriate and prudent use, both in humans and animals, and to support the WHO in developing a WHO global development and stewardship framework, which was proposed at the 69th World Health Assembly. We note the potential impact and importance of addressing AMR-related active pharmaceutical ingredients in the environment and encourage governments to consider relevant policies and actions as part of their national plans.

We welcome the efforts to promote regulatory cooperation for approvals of pharmaceutical products that can facilitate development of new antimicrobials, alternative therapeutics and diagnostics, including the establishment of harmonized technical guidelines, and further collaboration in relevant human and animal drug international fora such as the International

Council on Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH), and its veterinary equivalent, the International Cooperation on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products (VICH).

We encourage governments to consider the need for establishing a global clinical studies network on drug resistance that provides access to a large clinical research infrastructure for the design, coordination and conducting of clinical trials and studies in cooperation with the existing global experts networks to ensure the common benefit of the outcomes.

4. Research and Development (R&D) and Innovation

We recognize the important role R&D plays across all the areas above in improving health and health system.

We recognize the rising challenges of promoting a positive environment for innovative research and development, encouraging access to medicines and health care, and ensuring the sustainability of health systems, while recognizing the uniqueness of national circumstances, priorities and health system designs. In this way, we encourage the identification of actions that can be mutually achievable of these goals. We recognize the work of OECD on this issue and look forward to participating in the OECD Health Ministerial Meeting.

We acknowledge the importance of ensuring mechanisms are in place to accelerate research and innovation in public health emergencies as well as in other priority areas having a positive impact on health.

We also acknowledge the discussion at the G7 Science and Technology Ministers' Meeting in May 2016 that addressed promoting Open Science and emerging findings on the importance of its role for global collaboration and encouraging a broader range of participants and stakeholders in R&D. We recognize the importance of promoting Open Science, as well as protecting privacy and confidentiality, protecting and enforcing intellectual property rights.

We will strengthen collaboration between the public and private sectors and leverage mechanisms to address issues and coordinate R&D activities among G7 countries, including the mapping and analysis of investments in areas such as AMR, neglected tropical diseases and other threats to health security. We call on the international community, including international organizations, to promote the mobilization of resources in support of new incentives to foster research and development.