

Joint Statement of
The Fourteenth Tripartite Health Ministers Meeting (THMM)
December 21st, 2021
(Video Conference)

We, the Health Ministers of Japan, the People's Republic of China, and the Republic of Korea, on December 21st, 2021, held the Fourteenth Tripartite Health Ministers' Meeting (THMM) via video conference.

We reaffirmed the necessity of activities/efforts among the three countries to deal with emerging and re-emerging infectious diseases such as COVID-19, which are common challenges of the three countries, and the importance of continued international cooperation to minimize the severe impact of outbreaks on people's health, livelihood, safety, well-being, and socio-economy. The meeting agenda included infectious disease preparedness and response, healthy aging and non-communicable diseases (NCDs), and universal health coverage (UHC).

1. Sharing information and experiences on prevention, preparedness and response to infectious diseases with pandemic or high consequence potential of common concern

As reaffirmed by the COVID-19 pandemic, infectious diseases have the potential to be cross-border threats to our region. Considering the geographical proximity of the three countries and the frequency of international travel and transportation, there is a great need for stronger cooperation at the regional level to respond to infectious disease outbreaks collaboratively.

Over the past decade, based on the "Memorandum of Cooperation (MoC) on the Joint Response to Novel Influenza among China, Japan and Korea" and the "Joint Action Plan on Preparedness and Response against Pandemic Influenza and Emerging/Re-emerging Infectious Diseases of Common Concern (revised in 2019)", the three countries have been working together not only to effectively protect public health in each country but also to contribute to

global health emergency management, such as measures against novel influenza (A/H1N1) and Middle East Respiratory Syndrome (MERS). To control the COVID-19 pandemic and achieve a better recovery among the three countries, it is necessary to cooperate with various international organizations and other countries. Of note, we, the three nearby countries, confirmed the importance of responding through solid coordination and collaboration with each other.

As suggested by various bodies and panels, we reaffirmed the importance of building a robust healthcare system focused on prevention, preparedness, and response to pandemics such as the COVID-19. We concur on open, transparent, accountable, and timely information sharing on prevention, control, surveillance, and response measures, focusing on collaborative management of the virus. We also acknowledged the importance of continuous collaboration before and during pandemic outbreaks for more effective prevention and response to the current COVID-19 pandemic and future outbreaks of other novel infections, in line with each country's context. Through the Japan-China-Korea Forum on Communicable Disease Control and Prevention, the Joint Symposium on COVID-19 after Vaccination and Way Forward, and the networking and exchange of experts and officials to enhance human resources and capacity building, we emphasized the significance to share information and knowledge, and cooperate in research, and decided to revise the Joint Action Plan.

Regarding the global health architecture, we will continue to support the World Health Organization (WHO), which plays an essential role in global health governance when an international health crisis occurs, including pandemics.

Member States Working Group on Strengthening WHO Preparedness and Response is currently committed to developing a new instrument, a WHO convention, agreement or other international instrument, on pandemic preparedness and response. The working group is also actively discussing how to strengthen the International Health Regulations (IHR (2005)). We will actively contribute to these discussions to prevent, prepare, and respond to global health crisis.

We will promote cooperation in global health by following the activities and goals of WHO and other international organizations and continuing to implement measures to control the COVID-19 pandemic. At the same time, we will work closely with the WHO Regional Office for the Western Pacific and Asia-Pacific countries to further strengthen preparedness

and response to health crises in the region. We will continue to share information in compliance with domestic laws monitor threats to public health in the area, and strengthen our capacity to respond to any health crisis caused by infectious disease outbreaks.

In addition, the COVID-19 pandemic have taught us that unequal international access to diagnostics, therapeutics, and vaccines (DTVs) can lead to prolonged pandemics and sustained health and economic damage. We will continue our generous efforts and support to other countries, especially Low – and Middle- Income Countries (LMICs), in managing the COVID-19, share experiences in the development of medicines and vaccines, and contribute to ensuring the equitable access to vaccines in LMICs in cooperation with international frameworks such as the COVAX Facility.

2. Healthy Ageing and Non-Communicable Diseases (NCDs)

The WHO Western Pacific region is experiencing a rapid population ageing. Japan and Korea are among the countries with the fastest ageing population in the world, and China has the largest elderly population in the world, with more than 190 million people over the age of 65. In addition, the three countries are experiencing a decline in birthrate continuously. It is an urgent issue to deal with the change in the demographic structure of the three countries, where the burden of social security is increasing. For a sustainable development of the three countries, it is necessary to examine the challenges and measures based on latest research and scientific evidence on both the declining birthrate and the ageing population. We will promote medium- to long-term policies that respects social conditions and individual values. As in the seminar held this year with experts from Japan, China and Korea, the three countries will continue to exchange information and share knowledge in this field, which is becoming increasingly important.

Living in an ageing society, we propose to strengthen information and experience sharing, human resource development, and project cooperation in areas of common interest among the three countries, including creating sustainable age-friendly environments, protecting the rights and interests of older persons in the digital age, promoting social participation of older persons, health services for older persons and integrated medical and social care, and encouraging and supporting scientific research institutions to develop joint scientific research, so as to meet the

needs of older persons in the three countries and improve the well-being of these people. Among the three countries, extending healthy life expectancy, rather than simply extending life expectancy, has become an even more important issue. In particular, dementia is a topic that requires early response and prevention efforts, as well as multi-sectoral policies including nursing and medical care to realize healthy ageing, and it is very meaningful to share efforts of the three countries.

Not only dementia, but also non-communicable diseases are common health issues among the three countries with ageing populations which requires significant medical resources and active investment. Non-communicable diseases have led to a rapid increase in government spending on health care. For this reason, it is vital to promote integrated measures focusing on primary and secondary prevention of chronic diseases, encourage healthy diet, exercise, smoking cessation, and screening for appropriate early detection. We, three countries, will promote cooperation on prevention and early treatment of non-communicable diseases to promote healthy ageing and share good practices, epidemiological and science-based evidence, experiences, and research, so that more of the population and older persons can enjoy their lives.

3. Achieving and Strengthening Universal Health Coverage (UHC)

Achieving UHC is a fundamental issue for Sustainable Development and also one of the priorities in the WHO's 13th General Programme of Work. Moreover, strengthening health systems to promote UHC leads to better preparedness for a variety of health challenges, including infectious diseases, non-communicable diseases, and ageing, as we have observed again in the recent COVID-19 pandemic. We recognize the importance of maintaining resilient health systems in the face of changing demographic and economic conditions, and reaffirmed the importance of supporting Asian neighbors in their efforts to achieve UHC. In addition, as the UN High-Level Meeting on UHC is scheduled to be held in 2023, the three countries confirmed that they will work together to foster political momentum for the meeting and strengthen cooperation to adopt a meaningful and comprehensive political declaration.

Furthermore, in recent years, natural disasters has posed serious threats and challenges

to people's health and lives of the three countries. In times of disaster, vulnerable population, such as older persons, women, children, and people with disabilities, are more likely to be at risk for health and livelihood damages. Therefore, recognizing the importance of maintaining an effective health system that ensures timely and appropriate delivery of health and medical services to all citizens, including the vulnerable groups, even in times of disaster, we concur to share the experience of the three countries in managing health risks. In order to ensure "No One Left Behind", we also acknowledge to build resilient health and medical systems that are resilient to disasters through efforts to achieving UHC. Mutual sharing of experiences in disaster response will help strengthen our countries' capacities to respond to disasters. The three countries will work to share information and expertise and strengthen the region's capacity to respond to disaster-related health crises in close collaboration with the WHO Regional Office for the Western Pacific.

4. Next meeting

We reaffirm the common recognition that the Tripartite Health Ministers Meeting will be held regularly with the cooperation of the Trilateral Cooperation Secretariat and that we will conduct all relevant activities based on equality, reciprocity, and mutual benefit.

The next Tripartite Health Ministers' Meeting will be held in Korea in 2022.

Joint Action Plan
among
the Ministry of Health, Labour and Welfare of Japan,
the Ministry of Health and Welfare of the Republic of Korea and
the National Health Commission of the People 's Republic of China
on Preparedness and Response
against Infectious Diseases with Pandemic or High Consequence
Potential of Common Concern

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

Based on the Joint Statement of The Fourteenth Tripartite Health Ministers Meeting(THMM) adopted at the fourteenth Tripartite Health Ministers Meeting on December 21st 2021;

Reaffirming the need for joint efforts by the three countries for Infectious Diseases with pandemic or high consequence potential of common concern (hereinafter referred to as “IDCC”) and the importance of international cooperation for rapid and effective responses to minimize damage to the public health and the socioeconomic consequences from a possible outbreak,

Have reached the following Joint Action Plan:

1. Contact points

1- 1. The Participants designate the following organizations as channels for information sharing and will utilize them as focal points regarding IDCC both in ordinary times and in the case of an outbreak:

- Japan: Tuberculosis and Infectious Disease Control Division/ Office of Global Health Cooperation International Affairs Division, Ministry of Health, Labour and Welfare;
- Korea: Division of International Cooperation, Ministry of Health and Welfare, Director for International Affairs, Korea Disease Control and Prevention Agency;
- China: Department of International Cooperation, National Health Commission;

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 promptly update and share the information whenever the focal point is changed.

2. Information, evidence and knowledge sharing

2- 1. If IDCC emerge, the Participants will share the following information, evidence and knowledge among the countries as swiftly as possible and during all phases of the pandemic according to the laws and regulations in respective countries:

- Epidemiological information;
- Clinical management and treatment practices and protocols;
- Virological and laboratory information;
- Infectious disease control measures in clinical settings;
- Public Health and social measures; and
- Other scientific response.

2- 2. The participants will exchange experts and officials if necessary to enhance capacity building through the cooperation of information and knowledge sharing and close communication.

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 IDCC:

- Consider development of a joint declaration by health ministers of the Participants for a closer trilateral cooperation system
- Exchange experiences in the field of how to provide timely, accurate, and transparent information on infectious diseases through public disclosure of

timely and accurate information and active communication with domestic and overseas media

- Create a mechanism for trilateral emergency rapid and closer communication through the IHR national focal points of Japan, Korea and China.

4. Scientific preparedness and response including research and development for medical countermeasures such as vaccines, diagnostics and therapeutics.

The Participants will share the available information regarding the status of vaccines, diagnostics and therapeutics for IDCC.

5. Expansion of cooperation

The Participants will strive to develop and improve prevention and response measures against IDCC and human capacity building by conducting activities as needed such as:

- carrying out joint risk assessment and exercises for preparing against IDCC occasionally after negotiations among the three countries; and
- conducting international joint table top exercises and/or after action review including those supported by the World Health Organization, seminars and symposia by inviting other Asian countries to expand the

scope of cooperation.

6. Condition

6- 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.

6- 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.

7. Modifications and Termination

7- 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 three years whether to renew this Joint Action Plan.

7- 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 intention to terminate the cooperation.