

## **G7 Ise-Shima Vision for Global Health**

At the G7 Ise-Shima Summit, we, the G7 leaders, commit to take the following concrete actions for advancing global health.

### ***1. Reinforcing the Global Health Architecture to strengthen responses to public health emergencies***

#### **1-1. WHO reform for outbreaks and public health emergencies**

- 1) In addition to its wider reform agenda, urge and support the WHO to implement its reforms for outbreaks and health emergencies, in a timely manner, recognizing also its resource needs, with the understanding that the WHO should continue to play the central role in global public health crisis preparedness and response.
- 2) Welcome the reform of the WHO including to, (i) establish one single approach for outbreaks and health emergencies, with one clear line of authority among all levels of WHO and ultimate accountability with the Director General as crystalized in the One WHO approach across three levels of the Organization, (ii) strengthen capacity and human resources at all levels, and (iii) install an independent mechanism to oversee and monitor the WHO's performance on outbreaks and health emergencies.
- 3) Recognize that an operationally robust and technically competent WHO is crucial for supporting countries in emergency preparedness, response and recovery and helping build resilient health systems.

#### **1-2. Funding mechanism to ensure prompt actions in public health emergencies**

- 1) Recognizing that WHO should play a key leading and coordinating role in the event of an outbreak, for prompt detection, containment and control of public health emergencies particularly in the early stage, call on the international community to support the Contingency Fund for Emergency (CFE) to enable swift initial response by the WHO.
- 2) Welcome the World Bank's formal announcement of launching the Pandemic Emergency Financing Facility (PEF) to support a surge response by governments, multilateral agencies and NGOs, and invite the international community including G7 members to extend technical support and financial contributions to this end.
- 3) Also call upon relevant international organizations to ensure coordination among the PEF and their related funding mechanisms including the CFE.
- 4) Urge all countries to improve their prevention and preparedness against outbreaks and incorporate measures for enhanced national health security over time.

#### **1-3. Coordination arrangement on global public health emergencies**

- 1) Invite the WHO and the Office for the Coordination of Humanitarian Affairs (OCHA) under UN Secretary General to review, strengthen and formalize coordination arrangement among the WHO, the UN and other relevant partners in global public health emergencies, while strengthening existing coordination systems including the Inter Agency Standing Committee (IASC) Cluster System led by OCHA, as envisioned by on-going processes including the final report of and UNSG response to UN High-Level Panel, World Humanitarian Summit and WHO governing body discussions.
- 2) Invite the WHO and OCHA to update on the progress of these deliberations at the G7 Health Ministers Meeting in September 2016.

#### **1-4. Strengthening of prevention and preparedness against public health emergencies**

- 1) Recognizing recent outbreaks of the Ebola and Zika viruses underscore the imperative to improve prevention of, detection of and response to public health emergencies, whether naturally occurring, deliberate or accidental, remain committed to advancing compliance with the WHO's IHR objectives including through the Global Health Security Agenda (GHSA).
- 2) In this relation,
  - (i) renew our support to a coordinated approach to offer concrete assistance to 76 countries and regions and support to these partners to develop national plans in close coordination with the WHO and other relevant organizations;
  - (ii) recognizing the primary responsibility of countries to strengthen their IHR core capacities, intend to assist these partners to achieve the common and measurable targets of the Joint External Evaluation (JEE) tool published by the WHO and in partnership with other organizations such as the Food and Agriculture Organization of the United Nations (FAO) and the World Organization for Animal Health (OIE);
  - (iii) also commit to support, undergo, and share such evaluations with our partners, and call on other countries to join in this collective effort, recognizing that partner coordination is key for efficient IHR strengthening, and acknowledging the value of providing necessary information to new initiatives to share information, such as WHO's Strategic Partnership Portal, while ensuring the information shared among the donors to be comparable and avoiding any fragmentation;
  - (iv) in order to scale up the implementation of the IHR and in line with its implementation of the new Health Emergencies Program, encourage the WHO to consider building on already existing structures, such as the Department of Global Capacities Alert and Response and its Lyon office, and the emerging work of the Alliance for Country Assessment for Global Health Security; and
  - (v) welcome the work of the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction to strengthen capacities against biological threats.
- 3) Recognize the importance of mobilizing financial resources of the relevant international organizations for strengthening preparedness for and prevention of pandemics, and look forward to discussing on the matter with those organizations, including the World Bank such as International Development Association.

## ***2. Attaining UHC with strong health systems and better preparedness for public health emergencies***

### **2-1. Coordination and support for health system strengthening toward UHC**

#### **2-1-1. International coordination framework for promoting UHC**

- 1) Emphasize the need for a strengthened international framework to coordinate and consolidate efforts toward the achievement of UHC under various fora/initiatives, including disease-specific efforts, as well as to leverage the expertise of all relevant stakeholders including CSOs.
- 2) Therefore, support the establishment of *UHC 2030*, that seeks to ensure the IHP+ principles to accelerate equitable and sustainable progress toward UHC through:
  - (i) consolidating political momentum;
  - (ii) creating a common understanding of HSS and UHC;
  - (iii) sharing the common understanding on a minimum set of measurable indicators of HSS and UHC drawing from pre-existing ones; and
  - (iv) ensuring accountability by tracking progress toward UHC with these indicators, with possible support of initiatives such as the Roadmap Healthy Systems, Healthy Lives.
- 3) Continue to encourage and support the earliest possible establishment of the partnership in

consultation with countries, to promote UHC, and to leverage support for health system strengthening in the most vulnerable countries.

- 4) Look forward to discussions with the UNSG about the idea of nominating an envoy to promote and catalyze efforts towards UHC across different sectors.

### **2-1-2. Support for health system strengthening in LICs/LMICs towards UHC**

- 1) Reaffirm our commitment to the SDGs, to leave no one behind, and to ensure equity by focusing on the needs of vulnerable segments of society, including the poorest and most marginalized populations.
- 2) With this in mind and recognizing the pressing need for strong, resilient and sustainable health systems in Low Income Countries(LICs) and Lower Middle Income Countries(LMICs) with limited resources and increased vulnerability to public health threats such as epidemic and other severe events, commit to support country-led HSS with greater use of enhanced coordination of country-level actions toward HSS, based on the IHP+ principles, including through the Country Coordination Mechanism of the Global Fund, as well as the GHSA, and welcome efforts to increase global funding including as intended by the Global Financing Facility for Every Women Every Child (GFF), with active engagement of CSOs.
- 3) Support LICs/LMICs's nationally driven and owned efforts toward HSS which might include the following key contributors for the achievement of UHC with better preparedness for and prevention against emergencies;
  - (i) helping the development/adjustment of medium-term national health plans;
  - (ii) strengthening policy making and management capacity for disease prevention and health promotion;
  - (iii) improving access to affordable, safe, effective, and quality assured, essential medicines, vaccines and technologies to prevent, diagnose and treat medical problems;
  - (iv) building a sufficient capacity of motivated and adequately trained health workers;
  - (v) improving and strengthening the quality and use of health statistics and information systems including civil registration and vital statistics;
  - (vi) promoting access to health services and providing technical support to design health financing strategies to provide financial protection against catastrophic out-of-pocket health expenditures, particularly among the poor;
  - (vii) assisting LICs/LMICs' mobilization of their domestic resources, through both public and private sectors, and more efficient health spending as a backbone of sustainable national health system; and
  - (viii) monitoring progress towards UHC with measurable indicators and share best practices.
- 4) Welcome the global initiatives underway that respond to such urgent need for HSS, including the WHO's programs, as well as the World Bank's effort to promote UHC for Africa while stressing the need of coordination with the WHO and other relevant international organizations.
- 5) Also fully support a successful 5th replenishment of the Global Fund (GF), which plays a major role in reducing the impact of significant infectious diseases as well as promoting HSS, taking the opportunity of the GF replenishment conference in Montreal in September this year, and also call on all traditional and new donors to support the GF achieve its goals and on all countries to increase their domestic resources for health.
- 6) Use and leverage our commitment to offer support to 76 countries in the implementation of the IHR to contribute to resilient and sustainable health systems which are able to respond to public health emergencies.

### **2-2. Ensuring of health services to all individuals throughout life-course**

### **2-2-1. Women, adolescent and children's health**

- 1) Based on the progress on the G8 Muskoka Initiative, intensify our efforts to improving maternal, newborn, child, adolescent health worldwide as upheld in the SDGs, with an emphasis on HSS, and also urge increased attention to women and adolescent health and to the overall success of the 2030 Agenda.
- 2) Increase attention to the need for an integrated approach to the rights and health of women and girls, and the importance of closing gaps in universal access to physical and mental, as well as to sexual and reproductive health services, including for family planning, information and education.
- 3) Recognizing the value of taking needs-based responses to health issues for women of all ages, including newborns, children, adolescents, as well as those in fragile and conflict-affected states and humanitarian settings, commit to:
  - (i) provide access to sexual and reproductive health rights and services with a focus on adolescent-friendly services and participation;
  - (ii) ensuring adequate nutrition with emphasis on the special needs of infants and children, and pregnant and lactating mothers, with sharing the G7's best practices; and
  - (iii) strengthening the cooperation among the G7's relevant organizations, making the most of their disaster response experiences and drawing upon the Sendai Framework on Disaster Risk Reduction 2015-2030.
- 4) Reaffirm the importance of immunization as one of key cost-effective measures to prevent the spread of infectious disease and address emerging pandemics and to this end:
  - (i) continue global efforts to achieve the targets established in the Global Vaccine Action Plan;
  - (ii) leverage and use immunization records including information sources such as Maternal and Child Health(MCH) handbooks which highlight the importance of immunization and give guidance to families; and
  - (iii) recognize the tremendous progress achieved towards polio eradication where global eradication is now within reach, and reaffirm our commitment to achieve polio eradication targets laid out in the GPEI Endgame Strategic Plan, and recognize the significant contribution that the polio related assets, resources and infrastructure will have on strengthening health systems and advancing UHC.
- 5) Galvanize international efforts to combat malnutrition and to hold the rise of obesity and over-weight targeting most vulnerable populations - mothers, children and adolescent girls - and consistent with the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, including:
  - (i) the activities within the Decade of Action on Nutrition 2016-2025 and by various initiatives such as Scaling Up Nutrition (SUN); and
  - (ii) the Nutrition for Growth Summit.
- 6) Work together with WHO and other relevant international actors in the global efforts to prevent the spread and reduce the impact of Zika virus, taking account scientific consensus that Zika is a cause of microcephaly and other severe fetal brain defects in newborns and is associated with an increase in Guillain-Barre syndrome and other neurological disorders.
- 7) Support the work of global partnerships such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi the Vaccine Alliance, the Global Alliance for Chronic Diseases, and *UHC 2030* building upon IHP+, as well as global initiatives such as the implementation of the Global Strategy for Women's, Children's and Adolescents' Health and the GFF as appropriate.

### **2-2-2. Promotion of healthy and active ageing**

- 1) Acknowledge the wide-reaching effects of population ageing, not only on the health and well-being of our populations, but also on local, subnational, national and global economies,

and recognize the impacts on older persons and their caregivers of non-communicable diseases, including dementia, as well as mental illness and injuries.

- 2) Therefore call for promoting Active Ageing movement both among the G7 and in other parts of the world.
- 3) Support the WHO's efforts to develop and implement the Global Strategy and Action Plan on Aging and Health, and encourage developing countries and transitional countries to make their national and/or regional action plans accordingly.
- 4) Recognize that disease prevention and healthy living at all stages of life play a key role in active ageing and that primary prevention starts at the beginning of life.
- 5) Pursue multi-sectoral approach to active ageing to reach the highest attainable level of well-being, from health care and long-term care to health promotion, welfare, employment, pension, housing, and urban/transportation planning, with due consideration to gender specific aspects, through such movements as promotion of age-friendly communities and support for communities to become dementia-friendly, including Age and Dementia-friendly Communities, and promoting Dementia Supporters/Friends.
- 6) Welcome the forum on active ageing, including national, subnational, and civil society experts, in Japan this year to share knowledge and experiences including any challenges faced and best practices to promote active ageing.
- 7) Share knowledge and expertise among and beyond G7 on ways to enhance healthy and active ageing and promote a culture of prevention and health, welcoming the interim report by the WHO and the OECD on their analyses of ways to address challenges related to population ageing.

### ***3. Antimicrobial Resistance (AMR)***

#### **3-1. Strengthen the multi-sectoral "One Health Approach" and cooperation among countries**

- 1) Building on the previous commitment of the G7 Elmau Summit and its subsequent Health Ministers' Meeting as well as the G7 Niigata Agriculture Ministers' Meeting, promote the One Health Approach to tackle cross-cutting issues of AMR in human and animal health, agriculture food and the environment, and take actions involving multiple sectors, such as by integrating collaboration between the responsible ministries, in line with the 2015 WHO Global Action Plan on AMR adopted and relevant resolutions of FAO and OIE.
- 2) Strengthen collaboration and support other countries in developing surveillance capacity for AMR and antibiotic use in humans, animals, foods and the environment and align and/or develop national surveillance systems on AMR in line with the WHO Global Antimicrobial Resistance Surveillance System (GLASS).

#### **3-2. Accelerate political commitment and support to other countries as they develop and implement their own national action plans on AMR**

- 1) Support the 2016 High-Level Meeting on AMR at the UN General Assembly that promotes effective implementation of the Global Action Plan through multi-sectoral global, regional, national, and community collaborative efforts in coordination with WHO, FAO and OIE, including the GHSA AMR Action Package and the regional high level political commitments such as the EU Ministerial One Health Conference on AMR and the Tokyo Meeting of Health Ministers on AMR in Asia, and encourage effective coordination between the multiple initiatives to fight AMR.
- 2) Support WHO in the implementation of the Global Action Plan on AMR, and other countries in the development and implementation of their national action plans on AMR in line with their

national health plans.

### **3-3. Preserving effectiveness of antimicrobials as a global public good**

- 1) Recognize effectiveness of antimicrobials as a global public good and prioritize efforts to preserving such effectiveness through appropriate and prudent use of antimicrobials both in humans and animals, and make efforts to:
  - (i) enhance sharing of information produced by surveillance and/or R&D to guide policies to preserve such effectiveness;
  - (ii) promote regulatory cooperation, as appropriate, for effective and appropriate control of antimicrobial production, prescription, distribution and use both in humans and animals through international collaborations;
  - (iii) recognize the importance of social and behavioral sciences for addressing key aspects of AMR, i.e. inappropriate use of antimicrobials, and raise awareness among healthcare providers, patients, veterinarians and animal owners/keepers, and general public;
  - (iv) promote international cooperation for preserving effectiveness including supporting development and implementation of national antimicrobial stewardship program; and
  - (v) phase out the use of antibiotics for growth promotion in animal husbandry in the absence of risk analysis and preserve the use of antibiotics only for therapeutic reasons in human and veterinary medicine, noting differences in the G7 member definitions of the term antibiotics and referring here to those antibiotics with an impact on human health.
- 2) While rationalizing use, ensure access to safe, effective and quality-assured antimicrobials for humans and animals, including by encouraging international discussions on incentivizing the pharmaceutical industry to maintain production of essential antibiotics and avoid unavailability or market withdrawals of existing antibiotics.
- 3) Share with the international community, including the G20, the importance of addressing market failure and incentivizing R&D of new antimicrobials, vaccines, diagnostics, and alternative therapeutics, and other medical countermeasures in human and animal health, building on recent scientific studies and reviews on AMR, including the recommendations of the Independent Review on AMR.

### **3-4. Improving access to AMR countermeasures**

- 1) Improve access to effective vaccines, diagnostics, antimicrobials, alternate therapeutics.
- 2) Support Infection Prevention and Control such as good hygiene - in particular but not only in LICs and LMICs to reduce healthcare - associated infections and health burden of AMR through appropriate training and technologies, and bilateral or multilateral arrangement.
- 3) Promote R&D partnerships, and measure the effectiveness of such interventions of effective vaccines, diagnostics, antimicrobials, alternate therapeutics, and other medical countermeasures as described in 4-1-2.

## ***4. R&D and Innovation***

### **4-1. R&D and innovation on addressing diseases that are needed but not market- driven**

#### **4-1-1. Promote collaborations among countries**

Shedding light on diseases that require further R&D improvements, particularly for conditions not adequately addressed by the market, including Poverty-Related Infectious Diseases (PRDs) and Neglected Tropical Diseases (NTDs):

- 1) Implement policies to encourage the development of and access to medical products for those diseases.

- 2) Encourage G7 countries to support “push (e.g. support to cover R&D cost)” and “pull (e.g. making advance purchase and support creating markets/demands)” incentives, promote well-coordinated Public-Private Partnership to develop new drugs and alternative therapies as exemplified by the Global Health Innovative Technology Fund (GHIT) and the Innovative Medicines Initiative (IMI).
- 3) Work to strengthen collaboration between research institutions, funding organizations and policy makers across G7 countries, building on the G7-process for mapping of R&D activities on NTDs and PRDs initiated in 2015 and now underway in 2016.
- 4) Encourage regulatory cooperation on pharmaceutical products by participation in bodies that develop harmonized standards such as the International Council on Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) and International Council on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products (VICH).

#### **4-1-2. Promote R&D on AMR**

- 1) Promote R&D to combat AMR, such as through “pull” incentives to address specific market failures and funding for basic and applied research and development of new vaccines, diagnostics, antimicrobials, alternative therapeutics as well as IPC, other behavioral interventions, and antimicrobial stewardship programs.
- 2) Leverage existing global research coordination initiatives such as the Joint Programming Initiative on Antimicrobial Resistance (JPIAMR).
- 3) Examine efforts to promote globally harmonized clinical trials to support development of antimicrobials, diagnostics and other countermeasures, especially those against antimicrobial-resistant pathogens and infections, also by involving large clinical research infrastructure for the design, coordination and conduct of clinical trials and studies.
- 4) Promote regulatory cooperation on drugs to facilitate for new antimicrobial development.

#### **4-2. Accelerate R&D such as testing and manufacturing and distribution of medical products for public health emergencies**

- 1) Acknowledge the importance of ensuring mechanisms to accelerate R&D in public health emergencies, and welcome the action to prevent epidemics such as WHO Blueprint, discussions at Global Health Security Initiative and Global Research Collaboration for Infectious Disease Preparedness (GloPID-R).
- 2) Explore the feasibility of partnerships such as the Vaccine Innovation for Pandemic Preparedness Partnership to conduct a coordinated vaccine research and development.
- 3) Promote scientifically robust clinical trials on emerging infectious diseases for rapid research responses in cases of outbreak.

#### **4-3. R&D and innovation for the Active Ageing**

- 1) Recognize the importance of R&D promoting healthy ageing across the life course, enabling people to age in the setting of their choice and improving quality of life for the elderly, including those living with dementia.
- 2) In this relation, recognize the importance to:
  - (i) promote sustained research and international collaboration addressing fundamental aspects of brain functions, including brain disorders such as dementia, through mapping of R&D programs, and furthermore accelerate international interdisciplinary research efforts and develop new technologies;
  - (ii) promote open science and sharing of the results of publicly funded research e.g. data and publications in the field of brain science linked to age-related problems;

- (iii) encourage mutual learning by sharing good practices on active ageing aimed at keeping the elderly socially active and reducing the burden on family and society through integrating social science research with medical care, ICT, and robotics assistance;
- (iv) develop, test and scale up of products and services for early detection and treatment and management.

**4-4. Further R&D and innovation in the health area**

- 1) Affirm the importance of further enabling the use of health data with view to building evidences and accelerating health science and innovation, the need to develop digital infrastructure and approaches to increasing access, while protecting confidentiality and other legal and ethical constraints, and the benefits of sharing the G7's efforts and experiences towards this end.
- 2) 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, and welcome an exchange of views on these issues at the upcoming G-7 Health Ministers' meeting, recognizing the uniqueness of national circumstances, priorities, and health system designs.
- 3) Acknowledge negative impact of medicine trafficking and counterfeiting on patients' safety and on R&D investments.
- 4) Welcome broader international efforts by public, private, philanthropic, and UN-affiliated organizations through innovative measures and projects to combat infectious diseases and control key disease vectors such as mosquitoes, including through the International Atomic Energy Agency (IAEA)'s peaceful applications of nuclear science and technologies.