The Role of Parliamentarians in Addressing NCDs and Healthy Ageing

Tokyo, Japan, 24–25 August 2017

THIRD MEETING
ASIA-PACIFIC PARLIAMENTARIAN FORUM ON GLOBAL HEALTH

THIRD MEETING

The Role of Parliamentarians in Addressing NCDs and Ageing

Chaired by:
Japan Parliamentarian League for the World Health Organization
National Diet, Tokyo, Japan
Tokyo, Japan, 24–25 August 2017

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The Third Meeting of the Asia-Pacific Parliamentarian Forum on Global Health was hosted by the Japan Parliamentarian League for the World Health Organization, with support from the World Health Organization (WHO) Regional Office for the Western Pacific, at the National Diet in Tokyo from 24 to 25 August 2017. A total of 58 parliamentarians from 22 countries attended the meeting.

The theme of the meeting was the role of parliamentarians in addressing noncommunicable diseases (NCDs) and healthy ageing. The programme covered three technical sessions:

1. Achieving health in the 2030 Agenda for Sustainable Development
2. Health politics: the role of parliamentarians in leading multisectoral engagement to address the challenges of NCDs and ageing
3. Health diplomacy: the role of parliamentarians in leading international collaboration to address the challenges of NCDs and ageing.

The programme also included site visits in Kashiwa City to illustrate age-friendly environments.

The participants learned about Japan’s experiences, both successes and failures, to address a super-ageing society through multisectoral strategies and recent efforts towards a more sustainable system.

The meeting met its objectives to accelerate progress towards achieving health in the SDGs by learning from sharing country experiences in multisectoral action and international collaboration to address NCDs and ageing, and to strengthen the sustainability and scope of the Forum.

The participants welcomed the establishment of the Japan Parliamentarian League for the World Health Organization and affirmed their collective commitment to the 2030 Agenda for Sustainable Development to promote and protect the health and well-being of all people, leaving no one behind. They recognized that advancing health under the SDG agenda demands multisectoral action at local, national, regional and global levels to engage sectors beyond health, and called for international cooperation among countries, partners, donors and intergovernmental agencies. They noted that the Asia-Pacific region is particularly susceptible to conditions with wide-ranging implications for health and the SDGs, including NCDs and ageing, and highlighted the importance of promoting healthy life expectancy, including through measures for the prevention of frailty. They emphasized the need for a paradigm shift that employs a whole-of-system, whole-of-government and whole-of-society approach. They appreciated the universal applicability of the SDGs to all countries and confirmed that universal health coverage represents an effective and equitable platform for achieving the health-related SDGs and the SDGs overall. They accepted the fundamental leadership role that parliamentarians are uniquely positioned to play in governance for health and health promotion at the local, national, regional and global levels.
The participants were urged: to raise awareness of, advocate and champion the SDGs across governments; to enact legislations that prioritize NCDs and ageing; to approve budgets and mobilize sustainable resources for NCDs and ageing; to provide oversight and monitoring implementation of multisectoral actions; to foster participation of constituencies at the national and local levels; to engage in international partnerships; and to establish or designate a body within Parliament to strengthen engagement with and the sustainability of the Forum.

The participants requested the WHO Regional Office to facilitate ongoing engagement between the Forum members and coordinate with the Executive Committee of the Forum to organize the Fourth Meeting. Furthermore, WHO would continue supporting Member States to advance action to address NCDs and ageing, including through the development of evidence-based common measurements and standards, and facilitating easy access to data, particularly for the Pacific.

The Articles of Association of the Forum were amended to establish an Executive Committee. Japan was elected to designate a suitable parliamentarian to represent the office of President and, as chair of the Third Meeting, was also appointed ex officio as a Vice-President of the Forum.

The parliament of the Republic of the Philippines expressed interest to host the Fourth Meeting of the Asia-Pacific Parliamentarian Forum on Global Health in 2018 and the parliament of the Republic of Fiji to host the Fifth Meeting in 2019.
1. INTRODUCTION

The Asia-Pacific Parliamentarian Forum on Global Health is a platform for parliamentarians to exchange ideas, build political will, strengthen capacities and foster collaboration in driving sustainable action for health. Established in 2015 with technical support from the World Health Organization (WHO) Regional Office for the Western Pacific and other partners, the Forum is open to the 30 countries comprising the Member States of the WHO Western Pacific Region and the Association of Southeast Asian Nations (ASEAN).

As emphasized in the 2030 Agenda for Sustainable Development, parliamentarians have an essential role to play in advancing health through: enacting legislation, approving budgets and mobilizing resources, providing oversight to ensure government accountability and transparency, ensuring national implementation of global commitments, and fostering political constituencies for health.

Strategically positioned to help align global health mandates with regional and domestic priorities and to facilitate national implementation of international health commitments, the Forum is an important part of the Regional Office’s assistance to Member States in taking a whole-of-government approach to enhance the rule of law in health governance and expand the role of law in health policy.

1.1 MEETING ORGANIZATION

The Third Meeting of the Forum was hosted by the Japan Parliamentarian League for the World Health Organization (JPLW), with support from the WHO Regional Office for the Western Pacific, at the National Diet in Tokyo from 24 to 25 August 2017.

The meeting was attended by 58 parliamentarians from 22 countries: Australia, Cambodia, Cook Islands, Fiji, Japan, Lao People’s Democratic Republic, Malaysia, Marshall Islands, Federated States of Micronesia, Mongolia, Myanmar, Nauru, Palau, Philippines, Republic of Korea, Samoa, Solomon Islands, Thailand, Tonga, Tuvalu, Vanuatu and Viet Nam.

The list of participants is available in Annex 1 and the meeting programme in Annex 2.
The objectives of the meeting were:

1. to review country progress since the Second Meeting towards achieving health in the 2030 Agenda for Sustainable Development;

2. to share country experiences in multisectoral action to address noncommunicable diseases (NCDs) and ageing, with emphasis on the leadership role of parliamentarians in managing stakeholders in the context health politics;

3. to share country experiences in international collaboration and health diplomacy to address NCDs and ageing, with emphasis on the leadership role of parliamentarians in ensuring national implementation of global health commitments; and

4. to discuss next steps for the Forum.
2. PROCEEDINGS

2.1 OPENING CEREMONY

The Honourable Norihisa Tamura, President of the Japan Parliamentarian League for the World Health Organization, opened the meeting. He reconfirmed the importance of close collaboration between parliamentarians alongside governments to promote health in the world. He introduced Japan as a front runner of a "super-ageing" society and described how the country has been addressing the health needs of ageing populations through trial and error. He emphasized the importance of sharing experiences, both successes and failures, in order to avoid repeating Japan's previous adversities. He hoped the site visit to Kashiwa City will present comprehensive community-based care as a potential solution for the ageing society.

In his welcome address, the Honourable Katsunobu Kato, Minister of Health, Labour and Welfare, expressed his gratitude to the Korean Parliamentarian Forum on Global Health for its initiatives to establish the Asia-Pacific Forum. He highlighted how health care must be addressed in a global context since the establishment of a better healthcare system contributes to the economic growth and political stability not only of particular countries, but also of the entire region. He also touched upon the importance of universal health coverage (UHC) for stable development of society.
Dr Yoshitake Yokokura, President of the Japan Medical Association, also delivered welcome remarks. He affirmed the reinforcement of global risk management and the enhancement of a global health framework as major topics of recent global forums on health. As President-elect of the World Medical Association, he declared to continue efforts to both achieve UHC and improve health standards for people worldwide, in collaboration with international organizations such as the United Nations and WHO. He also underlined the importance of NCD prevention and the enhancement of health programmes in order to achieve the Sustainable Development Goals (SDGs).

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, congratulated the Forum for having the greatest number of participating countries and members of parliament among its annual meetings thus far. He noted that multisectoral actions at national, regional and global levels are essential for health promotion, since most determinants of health and risk factors are outside the jurisdiction of health ministries. He firmly believed that parliamentarians play a primary role in responding to today’s health challenges by engaging with all sectors of society to generate an effective response. To realize whole-of-government and whole-of-society approaches, he expects the Forum to play an increasingly important role in global health.

*The speeches delivered are available in Annex 3*
Keynote:

Asia Human Well-Being Initiative:
the role of parliamentarians in achieving health in the SDGs

The Honourable Keizo Takemi, Member of the House of Councillors, National Diet, described trends and future prospects of demographic changes in the WHO Western Pacific Region. Population ageing has advanced rapidly in the Asia-Pacific region and the proportion of the population aged over 65 is projected to treble from 7% (300 million) to 18% (900 million) by 2050. The high proportion of the population over 60 years old living independently, alone or with a spouse, indicates the social isolation of the elderly.

He emphasized three interrelated impacts of ageing as seen in the Japanese context: growing dangers of NCDs, senior poverty, and shortage of care workers. Population ageing increases the risk of NCDs, which lead to the loss of independence in the daily activities of older people, causing senior poverty as well as increased support needs. Health policies that address ageing must respect older people’s own will – of how they wish to live and end their life. He affirmed that reducing the gap between total and healthy life expectancy is a common objective when formulating health policy in the Asia-Pacific region. Promoting healthy life expectancy through prevention of frailty could lessen the risk of senior poverty. On a national level, governments may consider establishing a comprehensive community-based care system to prevent the risk of frailty and reduce medical expenses. The system will also contribute to job creation for the elderly population in the community.

He highlighted how the rising demand of long-term care for older people gives rise to the shortage of care workers. Despite the urgent need for care workers, there is no global standardization or harmonization in the health-care workforce. Considering the important support role of care workers in elderly rehabilitation, parliamentarians are responsible for encouraging their governments to develop policies aimed to establish global labour markets of care workers. This will contribute to allocating health-care personnel effectively according to country needs and prevent brain drain.
He warned that countries are at different stages of population ageing and that those facing issues of ageing in the near future will have less time for social and economic adjustment. He noted that parliamentarians in the Asia-Pacific region should support older people’s desire to live longer in happiness by enacting legislative reforms that address NCDs and ageing under a national health agenda also incorporating UHC. As important is for parliamentarians to monitor and review the process of implementing health legislation. In addition, raising awareness to promote self-help is fundamental to address NCDs and ageing.

His presentation concluded with the importance of UHC as a key cross-sectoral framework to achieve the SDGs. He urged parliamentarians to secure effective implementation of UHC by approving budgets and mobilizing sustainable resources for NCDs and ageing. Parliamentarians must also conceive of ways to provide access to appropriate health care for people in geographically disadvantaged regions.

*Technical presentation:*

**Healthy communities as a platform for universal health coverage**

Professor Tetsuo Tsuji, Project Professor at the Institute of Gerontology, University of Tokyo (former Vice-Minister of Health, Labour and Welfare), noted the importance of promoting healthy life expectancy, including through measures that prevent lifestyle-related illnesses and frailty. He introduced Japan as the most advanced super-ageing society, which urgently requires a sustainable social welfare system.

He affirmed that academic study is essential to come up with a creative solution. Research has revealed decreased social participation among older people triggers frailty, followed by a decline in oral function and physical activity. Researchers have used these results to build an age-friendly community-based welfare system. Starting with the comprehensive community care reform in 2011, Japan is shifting from institutional care to home care. He emphasized that municipal governments must take initiatives in coordinating and leading the shift to community-based care. Public funding must be mobilized in order for the younger generation to manage a balance between work and nursing care for older people.
Comments from parliamentarians:

Australia, Philippines, Thailand

Moderated by Professor Gabriel M. Leung, Dean, Li Ka Shing Faculty of Medicine, University of Hong Kong, Hong Kong SAR (China)

Parliamentarians shared their thoughts on the Japanese experience, while sharing their own country experiences and context in achieving SDG3: Ensure healthy lives and promote well-being for all at all ages.

Parliamentarians are reluctant to take risks for fear of backlash from their constituency; however, mistakes help to understand how to achieve success. Even if governments make mistakes in pursuing UHC, communities will gain valuable insights from them.

Countries need to learn from the experience of others, but also must examine if they are applicable to their own social, cultural, political and economic circumstances (e.g. difference in family structure may impact health policies that address ageing issues).

Parliamentarians have a responsibility to combat NCDs by passing health legislations (e.g. Republic Act No. 10351 of the Philippines for restructuring the excise tax on alcohol and tobacco products), increasing the health budget, and monitoring the implementation of health policy.
Dr Vivian Lin, Director of Health Systems, WHO Regional Office for the Western Pacific, described the challenges and opportunities for parliamentarians to lead health governance through whole-of-government and whole-of-society approaches in the SDG era, with an emphasis on managing multiple stakeholders through health politics at local, national and global levels. She noted that good health policy formulation requires management of multiple stakeholders. To foster age-friendly environments through action across sectors, Action Pillar 1 of the Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019) calls for a whole-of-government, whole-of-society approach. She emphasized that developing global and national health strategies requires a good understanding of how other sectors function and how community organizations become involved.

She shared an analysis of the multidimensional roles of parliamentarians in health politics at the global and national level.

On a global level, countries in the Asia-Pacific region have transnational issues, including ageing and NCDs. Vital international partnerships, exemplified by the United Nations High-level Political Forum on Sustainable Development (HLPF), enhance alignment between international commitments and national priorities for health and the SDGs. Developing evidence-based common measurements and standards for NCDs and ageing is also expected. Recognizing the
growing importance of health, governments are negotiating an international legal instrument to protect the rights and dignity of the elderly.

On a national level, parliamentarians need to work across sectors and with the community. In order to build good health systems, they are obligated to negotiate for competing priorities across sectors, competing interests across communities/stakeholders, and competing ideologies in the role of the government. Exemplary models include strong collaboration between the health sector and nongovernmental organizations (NGOs), national committees on NCDs with members from the business community, and advocacy programmes for food security in collaboration with the ministries of education and agriculture. The role of parliamentarians involves championing the health agenda across governments to mainstream the achievement of SDGs into national plans through legislations that enable action, and allocating the budget to deliver services and oversee implementation so that no constituency is left behind.

Dr Lin added that international partnerships also depend on the leadership of parliamentarians. When formulating health policy, parliamentarians must keep in mind that people have conflicting ideas based on their values and personalities, so political rationality and community views may take precedence over scientific evidence. UHC starts with communities and their health concerns. A good health system will bring health and other services together and will address community hazards and risks. The efforts of local parliamentarians who address the actual issues within the community using coherent approaches will determine if the SDGs are achieved. With the SDGs, both local and national commitment is vital, regardless of the country’s income level. Health policy-making is not always straightforward as it involves compromise. It takes political will to link the policy issues with appropriate solutions.

She affirmed that WHO can provide support through policy dialogue to pinpoint what works in certain regions, and to help build capacity across countries by providing scientific evidence, normative standards and technical assistance.
Parliamentarian panel:

*Cook Islands, Fiji, Federated States of Micronesia, Tonga, Viet Nam*

*Moderated by Professor Gabriel M. Leung*

Parliamentarians shared country experiences on multisectoral actions to address NCDs and ageing.

Strong collaboration between the ministry of health and NGOs is key to tackle the growing demand for elderly care, whole-of-society governance are expected to pass policy for a whole-of-society governance approach.

School curriculum reform, in collaboration with the ministries of education and agriculture, can enhance advocacy for NCDs. The Pacific island countries and areas, with support from United Nations agencies, make the most use of their geographic environment where fresh fruits and vegetables are available year-round to address nutrition issues.

In order to promote a multisectoral action plan, parliamentarians can set up a National NCD Committee with membership consisting of representatives from the health, education, fishery, agriculture and internal affairs ministries as well as community leaders who play a crucial role in the local activities for NCDs.
Dr Takeshi Kasai, Director of Programme Management, WHO Regional Office for the Western Pacific, highlighted the challenges and opportunities for parliamentarians to lead health governance through health diplomacy both to align the development of global mandates with domestic needs and priorities, and to ensure national implementation of international commitments.

He noted that global health no longer covers only conventional health security threats, but also health conditions and risks that transcend national boundaries such as harmful and illegal products, environmental risks, human resources, and medical technology. The field of global health encompasses more than just health; thus, this should be discussed at global forums, not just within the field of health. The global approach for health has shifted from international health to global health under globalization. International health, by nature, is unilateral, since it focuses on developing countries and support provided from developed to developing countries. Global health, on the other hand, is multisectoral and multidisciplinary, since it involves all nations. Within the dynamic process of health diplomacy, national policies may affect global health. Countries can contribute to others by sharing their experiences, which can be assets to global health.
He explained that health diplomacy is embodied in the International Health Regulations, or IHR (2005), the WHO Framework Convention on Tobacco Control (FCTC) and NCD control. On global health, he emphasized that it requires implementation at national levels. He suggested that convergence of regulatory and human resources brings about efficiency gains and that country experiences transform into knowledge capital. Global health connects the local with national and global levels; it is a dynamic process which requires multiple layers of governance. The difference between international health and global health is similar to that between the Millennium Development Goals (MDGs) and the Sustainable Development Goals. The MDGs had focused on the developing countries, while the SDGs include all countries, where each regardless of development status is expected to take actions. As governance exists at the national level, global health governance is also necessary. Actions are unique to individual countries as they are tailored within the local context. However, concerted actions to improve human resources and regulatory mechanisms could increase efficiency and effectiveness worldwide, if these can be converted from national to international contexts, or vice versa.

He explained that NCDs and communicable diseases are treated the same because a substantial number of NCDs start from an infectious disease. NCDs are slow-moving disasters, but lifestyle changes in countries across the world are rapidly increasing the risks of NCDs. Scientific research suggests that such behavioural changes are influenced by neighbouring countries, so in a sense it could be said that NCDs are also communicable. For example, the WHO FCTC mechanism monitors new developments such as vapour and e-cigarette. Based on country reports at the global conference, governments can develop a unified mechanism to tackle emerging tobacco-related technology. It is unlikely that they will identify a single best mechanism for tobacco control as the accumulated effects from different types of mechanisms contribute to behavioural change.

Parliamentarian panel:
Cambodia, Malaysia, Myanmar, Republic of Korea, Samoa, Solomon Islands

Moderated by Professor Gabriel Leung

Parliamentarians shared examples of international collaboration to address NCDs and ageing.

The Asia-Pacific Parliamentarian Forum on Global Health, which was established as a platform to exchange ideas on health issues among members of parliament, contributes to promote interactions between national and global levels.

The outbreak of infectious diseases is a reminder that health security and health systems are both sides of the same coin. Without a functional health system, no good responses can be expected.
It is important to recognize that the debate surrounding individual rights in tobacco control policy is not unique to a specific country, but something every country experiences. All countries also face tobacco industry interference. Tobacco control at the national level through taxation and graphic health warnings on the packaging of tobacco products is an essential basis for health diplomacy. Strengthening the implementation of the WHO FCTC in all countries is a national responsibility.
The participants discussed the draft Tokyo Communiqué (outcome statement of the Third Meeting) and proposed amendments to the Forum’s Articles of Association (Annexes 4 and 5). Amendments to the Articles of Association aimed to strengthen the sustainability and flexibility of the Forum. Parliamentarians were requested to consider the documents for finalization during the second day of the meeting.
Mr Hiroyasu Akiyama, Mayor of Kashiwa City, welcomed the participants and explained the background to Kashiwa City’s age-friendly policy development. He gave an introduction of their comprehensive community health-care system, which is undergoing a big transformation from providing hospital-based care to in-home care. The pioneering system is ahead of other local government initiatives and the role of the local government in fostering age-friendly environments has been critical in organizing a community-based health-care system. He pointed out that since a system to promote home medical care was established in 2010 the number of older people spending their final days at home instead of at the hospital increased from 100 to 240, among approximately 3000 elderly deaths in Kashiwa City every year.
SANCHIYA RESTAURANT – KASHIWADE MARKET PLACE

As part of the site visit, the participants were provided lunch at Sanchiya Restaurant, a vegetable buffet showcasing fresh meals prepared from locally sourced products to promote healthy diets and to support local agriculture and eco-friendly business practices. The restaurant is connected to Kashiwa Market Place, an open market where farmers bring in their vegetables, the same products sourced for the restaurant.
Technical presentation:

**Community networking for home medical care and role of city government**

Mr Syuichi Inarida, Director of Kashiwa City Community Health Network Center, introduced Kashiwa City’s unique collaboration with the Institute of Gerontology at the University of Tokyo and the Urban Renaissance Agency to promote home medical care. The goal of their city planning is to design the whole community as a hospital. He strongly desired to develop a city where people can stay at home with adequate medical services until the end of life.

Technical presentation:

**Home medical care**

Dr Kiyohi Kanae, President of Kashiwa Medical Association, explained the Association’s effort to promote home medical care, together with Kashiwa municipal government in 2010. Establishing a medical working group was a driving force to involve various professionals in strategic promotion of home medical care. For the medical working group to function, there needs to be a shift schedule for home doctors to provide 24/7 coverage.

Technical presentation:

**Social participation of senior citizens: facilitating re-employment**

Ms Midori Yoshida, Kashiwa City Director for Welfare Policy, emphasized that older people after their retirement seek a purpose of living through community participation. Kashiwa City creates opportunities for them to work at elderly and child care facilities. For example, a kindergarten hires older people to serve as tutors for children, thus creating a good learning environment for the children and simultaneously building capacity among able-bodied older people to participate in community activities.
Technical presentation:

Extending healthy life expectancy through frailty prevention and health check-ups

Professor Katsuya Iijima, Vice Director of the Institute of Gerontology, University of Tokyo, gave a presentation on an initiative fostering age-friendly environments between Kashiwa City’s local government, the Institute of Gerontology at the University of Tokyo and the Urban Renaissance Agency. This collaboration launched the so-called “Toyoshikidai project” whose main goal is promoting healthy life expectancy through frailty prevention. The objectives of the research project are to develop a comprehensive community health-care system including long-term care and medical care and to promote the active social participation of senior citizens by creating re-employment opportunities.

Parliamentarians conducted visits to various types of local and private facilities:

- Cocofump Kashiwa Toyoshikidai (Cocofump) provides barrier-free residences with round-the-clock services for the elderly. The collaboration with Cocofump and various welfare agents aims to build a user-oriented service, wherein residents of the rental housing can receive integrated services such as medical and long-term care, all of which depend on what the service user chooses.

- Kashiwa Kohitsuji-en (Kohitsuji-en) is a unit-type authorized intensive care home that preserves its residents’ dignity and privacy. Senior citizens work part-time, helping care workers with chores such as cooking and cleaning, as part of the facility’s promotion of active social participation of the elderly.

- Kurumi kindergarten facilitates re-employment of senior citizens in support of healthy ageing.

Kohitsuji-en and Cocofump are similar in appearance but largely different in terms of eligibility, type of services and insurance coverage. First, with regard to the eligibility criteria, Kohitsuji-en accepts people over 65 years in need of constant care not eligible for hospitalization, but restricts in-facility services to individuals with care level 3 or higher in principle (level 5 is the highest level of need for long-term care and level 1 the lowest). In contrast, Cocofump is open to everybody over 60 years without having to show any care need certification from the municipal government. Second, Kohitsuji-en is focused on long-term care services based on the Act on Social Welfare for the Elderly (Act No. 133 of 1963, Article 20–5), while Cocofump offers rental housing with various services including medical, welfare and long-term care in general.
Last, long-term care insurance covers all services offered by Kohitsuji-en, which is publicly funded, whereas the operations of Cocofump are privately funded. Thus, service users pay out of pocket for most services. All the facilities visited are part of the social welfare system in Japan. As a result of the rapid population ageing in the 1980s, older patients tend to stay at the hospital even after they no longer need medical treatment (social hospitalization). In order to cope with this trend, the government shifted from hospital-based care to community-based care.
Comments from parliamentarians:

*Lao People’s Democratic Republic, Nauru, Palau*

Parliamentarians reflected on the Kashiwa experience by sharing examples from their own countries in the plenary.

The lessons learnt from Kashiwa City were: a comprehensive community-based care system with cross-sector social partnerships, particularly between the private and the public sector; promotion of healthy ageing through frailty prevention; and health advocacy for the elderly. It is worthwhile to examine if they are applicable to each country's circumstances. Parliamentarians should implement those policies that the community is supportive of. Medical information and payment invoice at hospitals can help identify high-risk populations of NCDs and render priority preventive measures for them.

Pacific island countries and areas requested the international health community, especially WHO, to undertake a special study on NCDs and come up with programmatic solutions to combat NCDs.
The Tokyo Communiqué was adopted as the outcome statement for the meeting.

The participants adopted the following amendments to the Forum’s Articles of Association:

- Change from Bureau (Chair, Chair-Elect, Vice-Chair) to Executive Committee (President, two Vice-Presidents)
- President: country to be elected by the assembly for a four-year term; the country will then appoint a suitable parliamentarian to serve; in case the appointed parliamentarian is no longer able to serve, the country will designate another suitable parliamentarian.
- Vice-President: country to assume the office ex officio as host country of the previous assembly meeting
- Vice-President: country to assume the office ex officio as host country of the next assembly meeting
- Expansion of the Forum’s scope to include ad hoc meetings and other activities.
Japan was elected as President and will appoint a suitable parliamentarian to represent the office. As chair of the (previous) Third Meeting, Japan also assumes the role of Vice-President of the Forum.

Parliamentarians shared their ideas on ways forward for the Forum, including possible venues for future annual meetings. The Philippines expressed interest in hosting the Fourth Meeting of the Forum in 2018 and Fiji the Fifth Meeting in 2019. WHO offered the facilities of the Regional Office for the Western Pacific in Manila as a contingency venue for a future meeting. The participants requested for the roles and responsibilities of host countries to be clarified and agreed that developing a sustainable funding mechanism is necessary to guarantee the long-term success of the Forum.
3. CONCLUSIONS & RECOMMENDATIONS

3.1 CONCLUSIONS

The participants acknowledged to have learned about Japan’s experiences, both successes and failures, to address a super-ageing society through multisectoral strategies, and recent efforts towards a more sustainable system:

• from institution to community, including social engagement;
• from cure to care, including prevention of physical, mental and social frailty; and
• from government to multistakeholder participation, including for financing and governance.

The participants agreed that the meeting met its objectives:

1. to accelerate progress towards achieving health in the SDGs by learning from sharing country experiences in multisectoral action and international collaboration to address noncommunicable diseases and ageing, with emphasis on the leadership role of parliamentarians in governance for health through strengthening health politics at local and national levels and health diplomacy at regional and global levels; and

2. to strengthen the sustainability and scope of the Forum by enhancing the Forum’s governance structure and broadening the Forum’s range of activities.

The participants expressed their appreciation to:

1. The Japan Parliamentarian League for the World Health Organization for chairing the Third Meeting;
2. The City of Kashiwa for allowing the participants to observe the implementation of local governance for health through healthy community development; and
3. The World Health Organization Regional Office for the Western Pacific for providing support to the Third Meeting and supporting Member States towards achieving health in the SDGs.

In conclusion, the participants:

1. Welcomed the establishment of the Japan Parliamentarian League for the World Health Organization as Japan’s national committee for engagement with the Forum;
2. Affirmed their collective commitment to promote and protect the health and well-being of all people, while leaving no one behind, through the 2030 Agenda for Sustainable Development;
3. Recognized that advancing health under the SDG agenda demands multisectoral action at local, national, regional and global levels to engage sectors beyond health, including education, trade, industry, finance, environment, agriculture, labour, housing and social affairs;

4. Called for international cooperation among countries, partners, donors and intergovernmental agencies, including WHO, as essential to promote synergies for advancing health through the SDGs at the regional and global levels;

5. Noted with alarm that the Asia-Pacific region is particularly susceptible to conditions with wide-ranging implications for health and the SDGs, including NCDs and ageing;

6. Highlighted the importance of promoting healthy life expectancy, including through measures for the prevention of frailty;

7. Emphasized the need for a paradigm shift that employs a whole-of-system, whole-of-government, and whole-of-society approach to break silos and embrace all relevant stakeholders;

8. Appreciated the universal applicability of the SDGs to all countries, while mindful that varying national contexts necessitate tailored implementation strategies for each country;

9. Confirmed that universal health coverage represents an effective and equitable platform for achieving the health-related SDGs and the SDGs overall; and

10. Accepted with profound honour and humility the fundamental leadership role that parliamentarians are uniquely positioned to play in governance for health and health promotion at the local, national, regional and global levels.

3.2 RECOMMENDATIONS

The participants were urged:

1. To accelerate the mainstreaming of polices for NCDs and ageing into national health plans by raising awareness of, advocating for and championing the SDG agenda across governments;

2. To strengthen the rule of law towards achieving the SDGs by enacting legislations that prioritize agendas to address NCDs and ageing, while maintaining policy coherence across sectors;

3. To secure the effective implementation of universal health coverage for SDGs by approving budgets and mobilizing sustainable resources for NCDs and ageing;

4. To promote transparency and accountability of governments by providing oversight and monitoring implementation of multisectoral actions to address NCDs and ageing under the SDG agenda;

5. To ensure that no one is left behind in the implementation of the SDGs by fostering participation of constituencies at the national and local levels when addressing NCDs and ageing;
6. To enhance alignment between global and regional commitments and national priorities for the SDGs by engaging in international partnerships to address NCDs and ageing; and

7. To establish or designate a body within Parliament to strengthen engagement with and sustainability of the Forum.

The participants requested WHO:

1. to continue supporting the Forum by facilitating ongoing engagement between the Members and, in coordination with the Executive Committee, assisting to organize the fourth meeting, as well as follow-up activities on priority issues as identified during the Third Meeting; and

2. to continue supporting Member States to advance action to address NCDs and ageing, including through the development of evidence-based common measurements and standards, and facilitating easy access to data, particularly for the Pacific.
ANNEXES

ANNEX 1
LIST OF PARTICIPANTS

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**ANNEX 2**
**PROGRAMME**

**THURSDAY, 24 AUGUST 2017**

*International Conference Hall, Members Office Building, House of Representatives, National Diet, Tokyo*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
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</thead>
<tbody>
<tr>
<td>08:15</td>
<td>Registration</td>
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<tr>
<td></td>
<td><em>Tea break</em></td>
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</tbody>
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| 08:45 | **Opening Ceremony**  
**Facilitator: Hon Hanako Jimi, National Diet of Japan** |

- Opening Remarks by The Honourable Norihisa Tamura, Chair of the Third Meeting of the Asia-Pacific Parliamentarian Forum on Global Health; President of the Japan Parliamentarian League for the World Health Organization, National Diet, Japan
- Welcome Address by The Honourable Katsunobu Kato, Minister of Health, Labour, and Welfare, Japan
- Welcome Address by Dr Yoshitake Yokokura, President, Japan Medical Association; President-Elect, World Medical Association; President-Elect of Confederation of Medical Associations in Asia and Oceania
- Congratulatory Remarks by Dr Shin Young-soo, Regional Director for the Western Pacific, World Health Organization (WHO) Regional Office for the Western Pacific (WPRO)
- Self-introductions of participants
- Programme Overview and Administrative Announcements by Dr Ki-Hyun Hahm, Technical Officer, Health Law & Ethics Unit, Division of Health Systems, WHO WPRO
- Group photo

| 09:45 | **Session 1:** Achieving Health in the 2030 Agenda for Sustainable Development  
*Co-Chair: Hon Jiko Fatafehi Luveni, Speaker, Parliament of Fiji* |

- Keynote Presentation: “Asia Human Well-Being Initiative: the role of parliamentarians in achieving health in the SDGs” by The Honourable Keizo Takemi, Member of the House of Councillors, National Diet, Japan
- Technical Presentation: “Healthy communities as a platform for Universal Health Coverage” by Professor Tetsuo Tsuji, Institute of Gerontology, University of Tokyo (former Vice Minister for Health, Labor, and Welfare)
- Comments from Parliamentarians: Australia, Philippines, Thailand
- Plenary Discussion
10:45

*Tea break*

11:15

**Session 2:**
Health Politics – leading multisectoral engagement to address NCDs and ageing

*Co-Chair: Hon Kenneth Kedi, Speaker, Legislature of the Marshall Islands*

- Technical presentation: “Health in the SDG Era: Challenges and Opportunities” by Dr Vivian Lin, Director of Health Systems, WHO WPRO
- Parliamentarian Panel: Cook Islands, Fiji, Federated States of Micronesia, Tonga, Viet Nam
- Plenary Discussion

12:15

*Lunch*

14:00

**Session 3:**
Health Diplomacy – leading international collaboration to address NCDs and ageing

*Co-Chair: Hon Dr Angelina Tan, Chair, Health Committee, House of Representatives of the Philippines*

- Technical presentation: “Global Health: Shaping International Commitments to Drive National Action” by Dr Takeshi Kasai, Director of Programme Management, WHO WPRO
- Parliamentarian Panel: Cambodia, Republic of Korea, Malaysia, Myanmar, Samoa, Solomon Islands
- Plenary discussion

15:00

*Walking tour of the National Diet*

*Working Tea Break*

16:00

**Session 4:**
Next steps for the Asia-Pacific Parliamentarian Forum on Global Health (Part 1)

*Co-Chair: Hon Kim Yong-Ik, Korean Parliamentarian Forum on Global Health*

- Introduction of revisions to Articles of Association
- Introduction of Tokyo Communiqué
- Plenary discussion
FRIDAY, 25 AUGUST 2017

Wellness Kashiwa

10:00 Site Visit 1
- Welcome Address by the Honourable Hiroyasu Akiyama, Mayor of Kashiwa City
- Tour: Community public health function and direct consultation to citizens

11:00 Lunch

Toyoshikidai Housing Complex

12:40 Site Visit 2
Facilitator: Dr Hiroki Nakatani, Keio University, Japan
- Video introduction - Toyoshikidai Project
- Healthy Community Development in Kashiwa
  - “Community networking for home medical care and role of city government” by Mr Syuich Inarida, Manager, Department of health and human services, Division of promotion of regional medicine in Kashiwa
  - “Home medical care” by Dr Kiyoshi Kanae, President of Kashiwa Medical Association
  - “Social Participation of senior citizens: facilitating re-employment” by Ms Midori Yoshida, Kashiwa Manager for Welfare Policy
  - “Extending Healthy Life Expectancy through frailty prevention and health check-ups” by Professor Katsuya Iijima, Institute of Gerontology, University of Tokyo

14:00 Site Visit 3
Facilitator: Dr Hiroki Nakatani, Keio University, Japan
- Walking Tour to observe three local private facilities
  - Kurumi Kindergarten: Re-employment of seniors as tutor for children
  - Cocofump Kashiwa: 24/7 care service centre
  - Kohitsuji-en: Unit-care system for life continuity in institutions

16:00 Session 5: Reflections on Site Visit
Co-Chair: Hon Otinielu Tausi, Speaker, Parliament of Tuvalu
- Recap
- Comments from Parliamentarians: Lao PDR, Nauru, Palau, Vanuatu
- Plenary discussion
16:30  **Session 6:**
Next steps for the Asia-Pacific Parliamentarian Forum on Global Health (Part 2)

*Co-Chair: Hon Keizo Takemi, Member, House of Councillors, National Diet of Japan*

- Adoption of amendments to Articles of Association
- Adoption of Tokyo Communiqué
- Proposals for Forum activities in 2018–2019
- Plenary discussion

17:30  **Closing Ceremony**

*Facilitator: Hon Hanako Jimi, National Diet of Japan*

- Final remarks
- Closing remarks by The Honourable Norihisa Tamura
GOOD MORNING, LADIES AND GENTLEMEN. I'M VERY HAPPY AND HONOR TO SPEAK TO YOU AT THE OUTSET OF THIS THIRD ASIA-PACIFIC PARLIAMENTARIAN FORUM ON GLOBAL HEALTH. I WOULD LIKE TO EXTEND MY WELCOME TO ALL OF YOU. HAVE YOU SLEPT WELL LAST NIGHT? IT'S BEEN VERY HOT IN TOKYO AND IT'S RATHER HOT TODAY TOO. BUT I HOPE WE'LL BE ABLE TO HAVE A GOOD DAY TODAY.

THIS IS THE THIRD FORUM, WHICH IS ORGANIZED WITH THE HELP OF DR. SHIN YOUNG-SOO, REGIONAL DIRECTOR OF THE WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC, DR. YOKOKURA, PRESIDENT-ELECT, WORLD MEDICAL ASSOCIATION, HON. KATSUNOBU KATO, MINISTER OF HEALTH IN JAPAN, AND PARLIAMENTARIANS FROM MANY COUNTRIES IN THIS 3RD FORUM.

THE FIRST AND SECOND MEETING WAS HELD IN SEOUL, KOREA. PARLIAMENTARIANS DISCUSSED VARIOUS TOPICS, INCLUDING UHC. THROUGH THE DISCUSSION, WE COULD RECONFIRM THE IMPORTANCE OF COLLABORATION THROUGH PARLIAMENTARIANS, NOT JUST THROUGH GOVERNMENTS. WE SHOULD BE IN CORPORATE WITH EACH OTHER TO PROMOTE HEALTH IN THE WORLD. WE ARE VERY HAPPY TO CALL THIS THIRD MEETING IN TOKYO. WE EXPECT DIFFERENT THEMES TAKEN UP IN THIS MEETING.

ONE OF THE THEMES WE WOULD LIKE TO DISCUSS WOULD BE AGEING AND ALSO HEALTH CARE FOR THE ELDERLY, OR UHC. OF COURSE, DIFFERENT COUNTRIES REPRESENTED HERE HAVE DIFFERENT LEVELS OF AGEING, BUT IF YOU THINK ABOUT 50 YEARS FROM NOW ON, I UNDERSTAND THAT ALL OF THE COUNTRIES OR MOST OF THE COUNTRIES HERE WILL FACE AGEING. IT IS OFTEN SAID WHEN THE PERCENTAGE OF THE ELDERLY PERSON GOES BEYOND 7%, AGEING IS STARTING. IF IT GOES BEYOND 14%, IT WOULD BE THE AGED SOCIETY. IF IT GOES BEYOND 21%, IT WOULD BE THE SUPER AGED SOCIETY. JAPAN STARTED TO EXPERIENCE THIS AGEING IN 1970. AS OF TODAY, OUR AGEING LEVEL IS 27% ALREADY. SO, OUR SOCIETY IS ALREADY SUPER AGED SOCIETY.

WE ARE ADVANCED IN TERMS OF AGEING OF SOCIETY AS WELL. MANY DIFFERENT MEASURES HAVE BEEN IMPLEMENTED IN THIS COUNTRY TO DEAL WITH THAT. THERE ARE MANY CHALLENGES TO COPE WITH. OF COURSE, WE HAVE BEEN TRYING TO IMPLEMENT SOLUTIONS TO THE QUESTIONS. BUT THE OUTCOME VARIES. THERE ARE SOME SUCCESS STORIES AND FAILURE STORIES. I THINK NOT ONLY THE SUCCESS STORIES BUT ALSO FAILURES NEED TO BE SHARED WITH YOU SO THAT YOU DON'T NEED TO REPEAT THE FAILURES THAT JAPAN HAD EXPERIENCED.

FOR INSTANCE, I CAN GIVE YOU ONE EXAMPLE. IN 1973, IT WAS IMMEDIATELY AFTER WE STARTED THE AGEING OF SOCIETY THAT WE STARTED NEW SYSTEM TO PROVIDE FREE MEDICAL CARE TO ELDERLY PEOPLE. IT WAS A GOOD SYSTEM. IN THOSE DAYS, WE HAD A PRETTY GOOD FINANCIAL AND FISCAL SITUATION. ELDERLY PERSONS ARE VERY HAPPY. HOWEVER, ONCE YOU START TO PROVIDE MEDICAL SERVICES, IT WOULD BE DIFFICULT TO START CHARGING THE MEDICAL SERVICES WHEN YOU NEED TO DO SO. THIS IS SOMETHING WE LEARNED THROUGH OUR EXPERIENCES.

ON THE OTHER HAND, IN JAPAN, WE ALSO EXPERIENCED THE VERY RAPID ADVANCE IN THE CHANGE OF THE FAMILY STRUCTURE INTO THE NUCLEAR FAMILY. MEDICAL CARE AS WELL AS LONG-TERM CARE SERVICES HAVE BEEN MAINLY PROVIDED IN INSTITUTIONS IN THE BEGINNING. BUT AS WE STARTED TO HAVE OLDER PERSONS IN LARGE NUMBER, WE CANNOT JUST DEAL WITH THEM BY PROVIDING INSTITUTIONAL CARES AND OF COURSE,
Minister Katsunobu Kato will take the initiatives to change the system so that we can promote community based care provision to the people.

However, in some of your countries, I think you still have a very good community structure and family structure. In such countries, what you can do? How you will be able to provide medical and long-term care services to your people? In the long run, that would be something you need to be thinking about.

Tomorrow, we’ll take you to Kashiwa City. We have Hon. Yoshitaka Sakurada, representing the region. You will take a look at a community-based comprehensive care provision. I hope you will have a good chance to look at what’s going on on the ground as the service provision in the long-term and middle term medical care system is concerned.

I hope this third Forum will be a big success with this. I would like to welcome you again and thank you very much for coming. I hope we will have two good meaningful days.

**WELCOME ADDRESS**

*by Honorable Katsunobu Kato, Minister of Health, Labour, and Welfare, Japan*

To my fellow parliamentarians form the Asia-Pacific region, Dr. Shin Young-soo, Regional Director of the Western Pacific of the WHO, Dr. Yokokura, and ladies and gentlemen, good morning.

The first and second Forums were held in Korea. I would like to congratulate our colleagues in Korea having started this wonderful initiative. I would like to express my respect to Dr. Shin-Young soo, Regional Director, and people of the WHO Western Pacific Region for organizing this forum.

Health Care is not only relevant to the health care and sanitation issues of countries but also significant for the economic growth and political stability of nations. Health care is not a matter that involves just one country, but benefits a wider region. Therefore, health care must be addressed in a global context. In order to strengthen health care, I believe that we must build a global health care system. The response to infectious diseases and antimicrobial resistance are challenges that across national borders. Establishment of a better healthcare system and enabling citizens to access proper healthcare not only contribute to the economic growth and political stability of that country, but also to the stability and growth of the entire region including the mobility of people.

From a similar perspective, the United Nations adopted in 2015, the Sustainable Development Goals and decided that it was strived for Universal Health Coverage and address a wide range of diseases, including infectious diseases. Universal Health Coverage, in particular, leads to the sable development of the society. At the same time, it helps to develop the capacity for the infectious disease prevention, detection and reporting. Therefore, it is a very important mechanism that will also contribute to enhance readiness for the public health emergency.

Dr Tedros Adhanom, who has been elected as WHO Director-General at the World Health Assembly in May this year, has listed Universal Health Coverage as an important health agenda item during his election campaign. I look forward to his and WHO’s leadership in advancing UHC.
Under the leadership of Prime Minister Abe, we hope to actively promote UHC. Japan is the world’s third developer of new drugs. But innovative drugs and medical services cannot be effective unless there is a universal and equitable healthcare system that enables all people to access such drugs at an affordable costs. In that sense, UHC is also very important. Japan will make efforts together with various stakeholders crossing over the borders between the private and public sectors to advance UHC.

At the G7 summit in Ise Shima that was held last year, Japan took the initiative in the adoption of the Kobe Communiqué that outlines the actions needed to advance efforts in three areas. Namely, 1) Strengthening the global health architecture, 2) Promotion of UHC, and 3) Response to antimicrobial resistance.

More recently, last month, Japan invited Health ministers from the ASEAN countries to gather at the first meeting of its kind Japan ASEAN Framework. ASEAN Health Ministers and Regional Director Dr. Shin attended the conference. It adopted the joint declaration of Japan ASEAN health ministers and Japan ASEAN UHC health initiative. The countries agree to work together and with international organizations 1) to build a basic data system, 2) to promote joint research on UHC, and 3) to foster policy experts and share know-how.

In December this year, we plan to host UHC Forum 2017 jointly with the WHO and the World Bank and other entities. We are determined to make strong contributions together with the WHO to protect all people, leaving no one behind as the SDGs say and to assist in the capacity building of all.

As Hon. Tamura mentioned earlier, another important aspect of health and health care is the issue of how to respond to ageing societies. In Asia, as our rapid population growth continues, populations are expected to age rapidly. Many Asian countries have large populations. With this view, it is important for Asian countries to develop resilient and sustainable healthcare system. We are the world’s fastest ageing country. And as such, we have accumulated knowledge and expertise. We will share not only our success cases with Asian colleagues but also share the challenges that we have encountered. That may be useful in formulating policies in other Asian countries.

I would like to conclude by wishing this Forum much success and fruitful discussions by wishing good health and success and further development of all those presidents here today. Thank you for your attention.

**WELCOME ADDRESS**

by Dr Yoshitake Yokokura, President, Japan Medical Association; President-Elect, World Medical Association; President-Elect of Confederation of Medical Associations in Asia and Oceania

Good morning, distinguished guests and members of parliaments, and ladies and gentlemen. I’m Dr. Yoshitake Yokokura, President of the Japan Medical Association. I would like to make a few words at the third meeting of Asia-Pacific Parliamentarian Forum on Global Health as a president of the Japan Medical Association and the president-elect, World Medical Association. In modern times of advantage globalization and rapidly progressing borderlessness, it is increasingly important and efficient to unite across the borders to prepare against infectious
Reinforcement of global risk management and enhancement of global health framework were the major themes of the G7 Ise Shima summit and G7 Kobe Health Minister's meeting that Japan held as a chair last year.

The world is in a chaotic situation. There are global issues we need to address urgently, such as healthcare in danger developed by an international committee of the Red Cross, and climate change that significantly affects the environment and human health through global warming and air pollution, social determinants of health (SDH) that WHO proposed and work against an underlying causes of health. The Japan Medical Association has been actively challenging to these global health problems. We engaged in these health problems through the World Medical Association.

Established in 1947, the World Medical Association (WMA) is an independent association of 112 national medical associations and it is closely collaborating with WHO in a wide range of healthcare issues, particularly focusing on the establishment of healthcare programmes and public health enhancement bills in recent years.

In addition, WMA has installed an internal working group on the SDGs and it is preparing the draft proposal for achieving the SDGs and leaderships of the JMA.

Furthermore, WMA has affirmed its collaboration with international organizations, including the United Nations, the WHO to achieve UHC, which is one of the targets in the SDGs. We are also concerned about rapidly increasing prevalence of NCDs and its health and socioeconomic impact. We are keenly aware of the importance of addressing these issues at regional, national, and global levels across different field of study and administrative departments. In order to step up from the practice of SDGs and SDH approach, prevention and control of MCPs and the enhancement of health programmes are essential.

The WHO's action plans list this point as one of the top priorities. The WMA will work in accordance with this action plan in part of collaboration with WHO. In October this year, I'll be inaugurated as the WMA President at the General Assembly in Chicago. As a president of the WMA, I'll make my best effort to continue to correlate with the WHO to improve the health standards of the people across the world, together with congressmen and congresswomen of the parliamentary association.

I would like to conclude my remarks by saying that I hope this Forum will be a fruitful one, and we have distinguish members here today to flourish further in your career.

CONGRATULATORY REMARKS

by Dr Shin Young-soo, Regional Director for the Western Pacific, World Health Organization

It is my great honour to be here with you today, at this third meeting of the Asia-Pacific Parliamentarian Forum for Global Health. My sincere thanks to the Japan Parliamentarian League for the World Health Organization for hosting us here today at the National Diet – and in particular, I would like to thank the Honourable Mr Tamura for his leadership and commitment.
I would also like to acknowledge our colleagues from the Republic of Korea who hosted the first two meetings of the Forum. Since we first met two years ago in Seoul, it is wonderful to see that the Forum has now expanded to include 57 parliamentarians from 22 countries – by far the biggest gathering yet.

As well as increasing in number, this Forum is also growing in importance. This is because in today’s world, health is no longer just a domestic political issue. Nowadays, an infectious disease can travel around the world in no time – meaning an outbreak in one country can be another country’s problem in a matter of hours. Health is also no longer just the domain of health ministers.

Many of today’s health challenges and threats – such as NCDs, climate change, and urbanization – originate outside the health sector. Managing these challenges requires unprecedented cooperation and collaboration across countries and sectors.

Antimicrobial resistance is a classic example: this is a problem with enormous health and economic consequences for every country in the world, which cannot be resolved by any one country or by the health sector alone.

For all of these reasons, Forums such as this one will play an increasingly important role in global health. This is because as policy-makers and political leaders, parliamentarians can influence political decisions at the highest levels. You can help build bridges — across societies and borders — that lead to better health for everyone.

You also bring much-needed voices from all parts of society into the health and development discussion – which is more important in the current global development landscape than ever before.

With the launch of the Sustainable Development Goals, world leaders endorsed a different way of tackling development challenges, including good health and well-being. Delivering on the SDGs will require a whole-of-government and whole-of-society approach. There is no better example of this than the two issues we will be focusing on today: promoting healthy ageing and addressing rapidly rising rates of NCDs.

As the world’s ‘greyest’ society, our host Japan has many years’ experience in planning for the needs of an ageing population – and much strong experience to share. I am very much looking forward to the discussions on these topics over the next 2 days. For WHO’s part, we remain firmly committed to supporting the important work of this Forum in any way we can. Once again, thank you for the honour of addressing the opening of the Forum this morning.

Thank you.
ANNEX 4
TOKYO COMMUNIQUÉ

We, Parliamentarians, participants of the Third Meeting of the Asia-Pacific Parliamentarian Forum on Global Health, chaired by the Japan Parliamentarian League for the World Health Organization in Tokyo, Japan, from 24 to 25 August 2017;

We, Parliamentarians, delegates from 22 countries, including the Commonwealth of Australia, Kingdom of Cambodia, Cook Islands, Republic of Fiji, Japan, Republic of Korea, Lao People’s Democratic Republic, Malaysia, Republic of the Marshall Islands, Federated States of Micronesia, Mongolia, Republic of the Union of Myanmar, Republic of Nauru, Republic of Palau, Republic of the Philippines, Independent State of Samoa, Solomon Islands, Kingdom of Thailand, Kingdom of Tonga, Tuvalu, Republic of Vanuatu, and Socialist Republic of Viet Nam;

We, Parliamentarians, having had the opportunity to learn about Japan’s experiences, both successes and failures, to address a super-ageing society through multisectoral strategies, and recent efforts towards a more sustainable system:

- from institution to community, including social engagement;
- from cure to care, including prevention of physical, mental, and social frailty; and
- from government to multistakeholder participation, including for financing and governance.

1. Welcoming the establishment of the Japan Parliamentarian League for the World Health Organization as Japan’s national committee for engagement with the Forum;
2. Affirming our collective commitment to promote and protect the health and well-being of all people, while leaving no one behind, through the 2030 Agenda for Sustainable Development;
3. Recognizing that advancing health under the SDG agenda demands multisectoral action at local, national, regional, and global levels to engage sectors beyond health, including education, trade, industry, finance, environment, agriculture, labor, housing, and social affairs;
4. Calling for international cooperation among countries, partners, donors, and intergovernmental agencies, including the World Health Organization, as essential to promote synergies for advancing health through the SDGs at the regional and global levels;
5. Noting with alarm that the Asia-Pacific region is particularly susceptible to conditions with wide-ranging implications for health and the SDGs, including noncommunicable diseases and ageing;
6. Highlighting the importance of promoting healthy life expectancy, including through measures for the prevention of frailty;
7. Emphasizing the need for a paradigm shift that employs a whole-of-system, whole-of-government, and whole-of-society approach to break silos and embrace all relevant stakeholders;
8. Appreciating the universal applicability of the SDGs to all countries, while mindful that varying national contexts necessitate tailored implementation strategies for each country;
9. Confirming that Universal Health Coverage represents an effective and equitable platform for achieving the health-related SDGs and the SDGs overall; and

10. Accepting with profound honor and humility the fundamental leadership role that parliamentarians are uniquely positioned to play in governance for health and health promotion at the local, national, regional, and global levels.

**Acknowledge that the Third Meeting met its objectives:**

1. To accelerate progress towards achieving health in the SDGs by learning from sharing country experiences in multisectoral action and international collaboration to address noncommunicable diseases and ageing, with emphasis on the leadership role of parliamentarians in governance for health through strengthening health politics at local and national levels and health diplomacy at regional and global levels; and

2. To strengthen the sustainability and scope of the Forum by enhancing the Forum’s governance structure and broadening the Forum’s range of activities.

**Appreciate:**

1. The Japan Parliamentarian League for the World Health Organization for chairing the Third Meeting;

2. The City of Kashiwa for allowing the participants to observe the implementation of local governance for health through healthy community development; and

3. The World Health Organization Regional Office for the Western Pacific for providing support to the Third Meeting and supporting Member States towards achieving health in the SDGs.

**Urge our fellow Parliamentarians:**

1. To accelerate the mainstreaming of polices for noncommunicable diseases and ageing into national health plans by raising awareness of, advocating for, and championing the SDG agenda across governments;

2. To strengthen the rule of law towards achieving the SDGs by enacting legislations that prioritize agendas to address noncommunicable diseases and ageing, while maintaining policy coherence across sectors;

3. To secure the effective implementation of Universal Health Coverage for SDGs by approving budgets and mobilizing sustainable resources for noncommunicable diseases and ageing;

4. To promote transparency and accountability of governments by providing oversight and monitoring implementation of multisectoral actions to address noncommunicable diseases and ageing under the SDG agenda;

5. To ensure that no one is left behind in the implementation of the SDGs by fostering participation of constituencies at the national and local levels when addressing noncommunicable diseases and ageing;

6. To enhance alignment between global and regional commitments and national priorities for the SDGs by engaging in international partnerships to address noncommunicable diseases and ageing;

7. To establish or designate a body within Parliament to strengthen engagement with and sustainability of the Forum.
Request that the Secretariat:

1. Continue supporting the Forum by facilitating on-going engagement between the Members and, in coordination with the Executive Committee, assisting to organize the fourth meeting, as well as follow-up activities on priority issues as identified during the Third Meeting; and

2. Continue supporting Member States to advance action to address noncommunicable diseases and ageing, including through the development of evidence-based common measurements and standards, and facilitating easy access to data, particularly for the Pacific.

Adopt:
This Tokyo Communiqué on 25 August 2017 in Tokyo, Japan, as the outcome statement of the Third Meeting of the Asia-Pacific Parliamentarian Forum on Global Health.
ANNEX 5

ASIA-PACIFIC PARLIAMENTARIAN FORUM ON GLOBAL HEALTH ARTICLES OF ASSOCIATION [AMENDED]

ARTICLE 1: PURPOSE

An entity called the Asia-Pacific Parliamentarian Forum on Global Health is hereby established (APPFGH or Forum) under these Articles of Association (Articles) for the purpose of strengthening the role of parliamentarians throughout the Asia-Pacific region in promoting and protecting human health and well-being.

ARTICLE 2: PRINCIPLES

The Members of the Forum acknowledge the following core principles:

2.1 Parliamentarians work to strengthen health governance by developing health policy and enacting health legislation; improving health service delivery through financing and reform; facilitating budget appropriation and mobilizing resources; and accelerating progress towards universal health coverage.

2.2 Parliamentarian powers and duties encompass many health issues, including health systems strengthening; health security in management of outbreaks and emergencies; prevention and control of communicable diseases; prevention and control of noncommunicable diseases; health promotion through the life course, including maternal and child health and vulnerabilities, people with disabilities and older people; environmental protection and the health impacts of climate change; and the social determinants of health, such as poverty, violence, gender, and ethnicity.

2.3 Parliamentarians are increasingly responsible for ensuring that national health policies reinforce global health governance. While countries prioritize health interventions according to national capacities, resources and needs, parliamentarians must also consider the international ramifications of these interventions, especially in the area of governance.

2.4 Parliamentarians recognize that solutions for health will require whole-of-government and whole-of-society approaches that address the concerns of all stakeholders, considering the complexity of the global health landscape and the many factors that impact health, such as trade, industry, finance, education, agriculture and population movement.

ARTICLE 3: OBJECTIVES

The Forum's objectives are:

3.1 To provide a platform for Members, as well as international partners, to exchange ideas for prioritizing health agendas and promoting sustainable action at the community, national and global levels;

3.2 To promote awareness of the Forum and advocate for health among fellow Parliamentarians;
3.3 To encourage mobilization of greater resources for health; and
3.4 To continue expanding the scope of the Forum to other health matters as appropriate under the circumstances.

ARTICLE 4: MEMBERS

4.1 Membership to the Forum shall initially be open to the 30 countries comprising the Member States of the World Health Organization Western Pacific Region and the Association of Southeast Asian Nations (ASEAN).
4.2 Eligibility of membership may be expanded to additional countries upon decision of the Forum Assembly.
4.3 An eligible country may become a Member by agreeing to these Articles.
4.4 Each Member shall be represented by a committee within the country’s national parliament in the following order of preference:
   (a) committee established for this Forum; or
   (b) standing committee for health or its equivalent.
4.5 A Member may withdraw from the Forum for any reason by submitting written notice to the President. Withdrawal shall take effect immediately upon receipt of the notice by the President.

ARTICLE 5: ASSEMBLY OF THE FORUM

5.1 The Assembly of the Forum comprises all Members of the Forum.
5.2 The Assembly holds the following responsibilities:
   (a) to assemble for annual assembly meetings;
   (b) to elect the officers of the Executive Committee;
   (c) to confer powers and duties upon the Executive Committee, as necessary;
   (d) to designate an entity or entities to serve as Secretariat;
   (e) to approve revisions to these Articles, if necessary; and
   (f) to make recommendations on future actions by the Forum.
5.3 In addition to assembly meetings, the Forum may convene ad-hoc meetings and other activities, as appropriate.
5.4 Where consensus on a decision cannot be reached, the Assembly shall vote as follows:
   (a) a quorum of at least one-third of the total number of Members shall be present to initiate the voting process;
   (b) a Member may abstain from voting;
   (c) the decision shall be made on the basis of a simple majority of the Members present; and
   (d) a voting tie shall be broken by an additional vote by the President.
ARTICLE 6: EXECUTIVE COMMITTEE

6.1 The Executive Committee consists of the following officers:
   (a) President, to be elected by the Assembly and hold office for four years;
   (b) Vice-President, to be appointed ex officio as the host country of the previous assembly meeting; and
   (c) Vice-President, to be appointed ex officio as the host country of the next assembly meeting.

6.2 The President shall undertake the following responsibilities:
   (a) to oversee the organization of assembly meetings, ad hoc meetings, and other activities of the Forum;
   (b) to nominate an Honorary President, as appropriate; and
   (c) to exercise any other powers and duties conferred to the office by the Assembly.

6.3 Each Vice-President shall undertake the following responsibilities:
   (a) to organize an assembly meeting of the Forum in the Vice-President’s home country, in consultation with the President; and
   (b) to assist the President as necessary.

6.4 The Members elected to the Executive Committee shall designate suitable Parliamentarians to represent the offices, respectively.

6.5 If the President becomes unable or ineligible to carry out the responsibilities of the office, the Assembly shall elect a new President.

ARTICLE 7: SECRETARIAT

The Secretariat may consist of any entity or entities deemed by the Assembly as fit to fulfill the responsibilities, including an intergovernmental organization.

These Articles were agreed upon by the Parliamentary representatives of the following countries: Australia, Cambodia, Japan, Lao People’s Democratic Republic, Malaysia, and the Republic of Korea, at the First Annual Meeting of the Asia-Pacific Parliamentarian Forum on Global Health, held on 2-3 July 2015 in Seoul, Republic of Korea.

These Articles were amended by the Parliamentary representatives of the following countries: Australia, Cambodia, Cook Islands, Fiji, Japan, Republic of Korea, Lao People’s Democratic Republic, Malaysia, Marshall Islands, Federated States of Micronesia, Mongolia, Myanmar, Nauru, Palau, Philippines, Samoa, Solomon Islands, Thailand, Tonga, Tuvalu, Vanuatu, and Viet Nam, at the Third Meeting of the Forum, held on 24–25 August 2017 in Tokyo, Japan.
ANNEX 6
PHOTOS

6.a – GROUP PHOTOS
6.b – BREAKS
6.c – DELEGATES
6.d – TOUR
The participants went on a walking tour of the main chamber of the House of Representatives of the National Diet.