

**Joint Statement of the 8<sup>th</sup> APEC High-Level Meeting on Health and the Economy**  
16-17 August 2018, Port Moresby, Papua New Guinea

1. Health Ministers of (*Chinese Taipei, Papua New Guinea,*); State Minister of Ministry of Health, Labour and Welfare Japan; senior officials from other member economies; academic and industry leaders; members of non-health sectors; representatives of non-governmental and international organizations met in Port Moresby, Papua New Guinea on 16-17 August 2018 at the International Convention Center for the 8<sup>th</sup> APEC High Level Meeting on Health and Economy (HLM8). The meeting was jointly organized and chaired by the Health Working Group (HWG) and the Life Sciences Innovation Forum (LSIF). The overall objective of the meeting was to discuss how primary health care in the APEC region can be revitalized through investment, innovation and collaboration.
2. Primary Health Care<sup>1</sup> (PHC) is the foundation of an effective and resilient health system. It is commonly the first point of contact for individuals, families and communities within the health care system. It provides comprehensive, accessible, community-based care that meets the health needs of people throughout their life. It is critical to achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). However, development and implementation of PHC has not been optimum due to a combination of factors such as insufficient investment, lack of political will, inadequate technical competencies and vertical disease-focused curative care models. In the APEC region, much work has been done to support PHC especially in the context of building sustainable and high-performing health systems, optimizing innovative approaches in health financing, and engaging in multi-sectoral partnerships and collaboration. We also recognize the importance of establishing platforms for policy dialogue and increasing transparency and stakeholder consultation in the health and life sciences sector. HLM8 emphasized that these must continue and expand to support the *Healthy Asia Pacific 2020* agenda.
3. HLM8 recognized that the exchange of the international and APEC region-specific experiences and lessons can help to invigorate the delivery of primary health care and make it more responsive to the broad challenges of the health systems of APEC economies. It provided the platform for strategic discussions around investments for health, the use of digital technologies, the role of health professionals, and health financing, all of which are critical in making people-centered healthcare a reality in the Asia-Pacific region.
4. HLM8 acknowledged the impact to the health system of the epidemiologic and socio-economic shifts in the APEC economies. As life expectancy increases, the major causes of death and disability shift from communicable, maternal and

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<sup>1</sup> Primary Health Care refers to essential health care based on scientifically sound and socially acceptable methods, universally accessible to individuals and families with their full participation at a cost that the community and country can afford in a spirit of self-reliance and self-determination. It is a concept elaborated in the 1978 Declaration of Alma-Ata, which is based on the principles of equity, participation, inter-sectoral action, appropriate technology and a central role played by the health system.

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perinatal causes to chronic, non-communicable diseases. These challenges, both old and new, present opportunities to re-establish the core value of healthcare - welfare of all people. Unfortunately, many health systems are not performing at an optimum level which leaves many segments of the population vulnerable and unhealthy. Using economy-specific contexts, HLM8 explained why PHC is a useful tool to ensuring all people stay healthy and get care when they need it. When PHC is well delivered, individuals, families and communities are linked with competent and caring health professionals, supportive systems and essential commodities that ensure continuous, comprehensive and coordinated care. Health systems built on strong PHC are more resilient, efficient and equitable. In this regard, HLM8 affirms the efforts initiated from the Asian region, Asia Health and Wellbeing Initiative (AHWIN), which aims to encourage community-based integrated care and functional recovery care including human resource development and promotion of necessary healthcare services.

5. HLM8 agreed that sound investment in PHC can reap great cost savings in terms of health care spending and lost productivity. As PHC emphasizes upstream health promotion, disease prevention and general wellness of the people, the impact of many modifiable risk factors is minimized, leading to a decrease in morbidity, mortality and associated health care costs. Moreover, health has a bearing on people's productivity, which subsequently affects the, performance and competitiveness of economies. HLM8 encouraged economies to invest in PHC information infrastructure, powered by digital technology, that should equip both decision makers and health care providers with useful information to identify specific weaknesses, understand their causes, and strategically direct resources to address them. Typically, health systems have insufficient data on inputs and outputs, such as performance data on important processes required to convert inputs to high-quality health care and coverage outputs critical to producing better outcomes.
6. HLM8 encouraged the use of new models of care that integrate innovative but appropriate technologies to address the challenges and gaps in present-day health service delivery. In PHC, appropriate technology refers to technology that is scientifically sound, adaptable to local needs and accepted and maintained by end users. HLM8 appreciated the value of digital health technologies in reducing the pressures on health care professionals, when it came to addressing issues of accessibility and equity, and organizing administrative and operative processes more efficiently. However, these benefits will only be assured with stable financing and a conducive regulatory environment, including health technology assessments that facilitate innovation and development. HLM8 welcomes the development of policies and regulations related to adopting digital technologies in PHC that underscore core consumer protections and assure public safety.

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7. HLM8 underscored the critical role of health professionals in PHC, specifically on the need for an adequately skilled, well-trained, culturally-sensitive and motivated workforce to help attain Universal Health Coverage. While the largest shortages in terms of numbers are in the APEC region, it is necessary to go beyond mere figures and address gaps in equitable distribution, competency, quality, motivation, productivity and performance. HLM8 agreed that changes will have to be adopted by economies and the global health community in relation to how health workers are trained, deployed, managed and supported.. Health labor forces should recognize the potential contributions of cadres of health care workers beyond physicians, pharmacists, nurses and midwives. For example genetic counselors, nutrition, community health workers, and traditional and complementary medicine practitioners and psychosocial and rehabilitation professionals can contribute to improving health service availability and accessibility HLM8 supported the development of new models of shared care based on multidisciplinary practice and noted that these also need to go beyond the health sector to develop strong linkages across other social care structures.
8. **Health Financing:** HLM8 reiterated the SDG sub-goal on health financing that aims to substantially increase health financing by 2030. Economies were encouraged to increase domestic funding for health by re-envisioning such commitments as investment cases and introducing innovative financing mechanisms, including private funding and external support. In implementing from a number of innovative and alternative health financing mechanisms that would leverage limited resources to expand health coverage, economies would take into account the absolute amounts needed to be raised, earmarking, potential regressivity on the poor, administrative costs and political feasibility. Through successful stories of innovative ways APEC economies are using public and private financing, and enhancing a unified system of governance across primary care providers. HLM8 facilitated understanding of the policy and regulatory environments that facilitate successful novel financing schemes. HLM8 welcomed the continued partnership with the APEC Finance Ministers' Process and the exploratory dialogue to address the fiscal and economic impacts of the steep rise in chronic disease and of ageing societies in APEC economies, while keeping the healthcare system sustainable.
9. **Tuberculosis:** HLM8 recognized tuberculosis (TB) as a major public health concern and a serious threat to global health security. TB is of special interest to the region given that APEC economies reported 3 million of the estimated 10 million cases of active TB disease reported globally. HLM8 encouraged economies to prioritize multi-sectoral actions for: reaching the "missed" cases; treating active TB and Latent TB infection; addressing MDR-TB; accelerating response to TB/HIV; increasing domestic financing while global health financing partners expand and

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diversify funding; and, increasing domestic capacity for multidisciplinary TB research. HLM8 noted the APEC End Tuberculosis Collaboration Framework, and committed to presenting an APEC Statement on TB for the United Nations High Level Meeting on Tuberculosis as articulation of the region's commitment to end the TB epidemic by 2030 as envisaged in the SDGs and the WHO End TB Strategy.

- 10. Women in the workplace:** HLM8 appreciated the APEC initiatives to expand the implementation of the Policy Toolkit on Healthy Women, Healthy Economies (HWHE) to small and medium-sized enterprises (SMEs) and to elevate engagement to high-level government officials, parliaments and other decision-making representatives in order to obtain senior-level support. HLM8 welcomed efforts to engage governments in putting in place programs as well as legal and regulatory frameworks that provide SMEs with options to implement health-related policies. This is in recognition that women have the right to the enjoyment of the highest attainable standard of health. Workplaces have the potential to improve health and well-being of women employees while benefiting financially and socially from their productivity. In ensuring that women in the workplace have safe working conditions and available health services, workplaces are able establish healthier staff, better relationships, and in many cases higher investment returns.
- 11. HPV and cervical cancer:** HLM8 recognized that the current burden and emerging cancer patterns justify the call for political recognition of cancer as an important public health problem. For cervical cancer, HLM8 appreciated the initiatives in putting together the APEC Roadmap on Cervical Cancer Prevention and Control. Economies are encouraged to implement a comprehensive approach to cervical cancer prevention and control with recommended set of actions and interventions across the life course. These should include components from community education, social mobilization, healthy lifestyle promotion, human papillomavirus (HPV) vaccine delivery and confidence-building, screening, treatment and palliative care.
- 12. Mental health:** HLM8 recognized that mental health is essential for sustainable economic growth and prosperity in the Asia-Pacific Region. Without it, individuals are limited in their choices and opportunities to improve their lives and to contribute as members of the society. HLM8 appreciated APEC efforts to address and have further discourse on mental health and wellness of their populations. The discourse included sharing current approaches and best practices, addressing key challenges and discussing where APEC's unique perspective can be leveraged within global discourse. Focus should include upstream prevention of mental illness through primary and community healthcare settings and ensuring e-access to mental health services. This builds on priorities outlined in the APEC Roadmap to promote Mental

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Wellness in a Healthy Asia-Pacific (2014-2020) including the drive to promote multi-sectoral collaboration within and outside of APEC fora.

- 13. Antimicrobial resistance:** HLM8 recognized the growing challenge of antimicrobial resistance (AMR) in the APEC Region and its negative impact on the health of people and animals, food safety and security, the environment and the economy. Given the complex, multi-sectoral nature of the problem, a "One Health" approach that harnesses the collaboration of various sectors especially human health, animal health, food production, aquahealth and environment is needed. Containment of AMR is a development agenda that is important for achieving the SDGs, and requires a high level of political commitment and action at economy, regional and global levels. Based on economies' experiences and lessons learned, HLM8 identified priority areas for actions which include: (1) increasing public and stakeholders' awareness and understanding; (2) strengthening surveillance for better information sharing and action planning; (3) improving infection prevention and control; (4) building research capacity together with policies to incentivize development of novel products; (5) ensuring rational and responsible use of antimicrobials, and (6) taking steps to promote access to effective, affordable and quality-assured antimicrobials. HLM8 encouraged economies to implement their Economy Action Plans, and to continue working closely with relevant sectors and institutions using the "One Health" Approach.
- 14. Medicines quality:** HLM8 recognized that efforts to improve access to medicines must be done side by side with initiatives to ensure that only safe and quality-assured pharmaceuticals enter and circulate in the market. No region or economy remains untouched by the issue of substandard and falsified medical products given the international movement of goods including medicines. These products cause harm to patients, and erode the trust and confidence of the public in the health system. They are most likely to reach consumers in contexts where there is weak regulatory framework, poor governance and weak technical capacity. HLM8 called for collaboration of economies to strengthen essential processes and infrastructure for improved quality testing and surveillance, regulatory information sharing and reliance, patient awareness and community engagement.
- 15. Rare diseases:** HLM8 welcomed the recent activities led by the APEC LSIF Rare Disease Network, including the 1<sup>st</sup> APEC Policy Dialogue on Rare Diseases and the development of the APEC Rare Disease Action Plan.
- 16. Regulatory convergence:** HLM8 recognized the critical role that strong, efficient, and harmonized regulatory systems play in enabling life sciences innovation and making new medical products available to populations across APEC economies. HLM8 welcomed efforts of the APEC Regulatory Harmonization Steering Committee (RHSC) to accelerate regional regulatory convergence by growing a

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sustainable network of APEC Regulatory Science Centers of Excellence (CoE) for building human capacity and promoting cooperation. HLM8 urged regulatory authorities to participate in the RHSC and to send participants and faculty to CoEs. HLM8 also encouraged the RHSC to implement performance indicators across priority work areas so that regulatory convergence can be measured sufficiently and to ensure no economy is left behind in support of inclusive growth.

- 17. Safe and readily available blood and blood products:** Access to a safe and sufficient supply of blood and related products and services, including blood transfusion, is a critical element of any health system. The APEC Blood Supply Chain 2020 Roadmap calls on APEC economies to establish robust quality systems and implement good manufacturing practices to optimize the safety of the blood supply and to improve standards of care for plasma protein replacement therapies in line with international guidelines. HLM8 welcomes efforts by LSIF to examine how centers of excellence can help accelerate GMP certification in APEC economies and open up new opportunities to converge the quality and safety standards for blood products across the region.
- 18. Commemoration of the 40<sup>th</sup> year of the Alma-Ata Declaration:** HLM8 reiterated the economies' renewed commitment to the values and principles of the Declaration of Alma-Ata, particularly that everyone has the right to the enjoyment of the highest attainable standard of health, an act of solidarity and an inter-sectoral action, recognizing that health is indispensable to economic development and security within the APEC region and beyond. HLM8 reaffirmed the need to strengthen primary health care through investment, innovation and collaboration. HLM8 encouraged economies to commit to: leadership and governance that appropriately prioritizes PHC; ensuring adequate financial investment in health by mobilizing domestic financing and better use of available resources; promotion and protection of health through community participation and inter-sectoral action; development, recruitment and retention of a competent health workforce for PHC; development of digital health information systems to enable continuity and coordination of care, continuous quality improvement and performance monitoring and evaluation; and, promoting scale up of effective PHC strategies.
- 19. Looking Ahead:** The 9<sup>th</sup> APEC High-Level Meeting on Health and the Economy will be held during the Third Senior Officials' Meeting and Related Meetings (SOM3) in August 2019 in Chile.