ASIA-PACIFIC REGIONAL MEETING FOR NATIONAL ETHICS/BIOETHICS COMMITTEES

24–25 October 2017
Seoul, Republic of Korea
MEETING REPORT

ASIA-PACIFIC REGIONAL MEETING
FOR NATIONAL ETHICS/BIOETHICS COMMITTEES

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Seoul, Republic of Korea
24–25 October 2017

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NOTE

The views expressed in this report are those of the participants of the Asia-Pacific Regional Meeting for National Ethics/Bioethics Committees and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Asia-Pacific Regional Meeting for National Ethics/Bioethics Committees, in Seoul, Republic of Korea, from 24 to 25 October 2017.
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Keywords: Bioethics / Education, Public health professional – ethics / Regional health planning
SUMMARY

Health ethics promotes the consideration of values in the prioritization and justification of actions by health professionals, researchers and policy-makers that may impact the health and well-being of patients, families and communities. National ethics committees, comprised of experts and stakeholders, may be established by the government to ensure robust assessment of issues and offer empirically informed identification of ethical solutions and policy recommendations. With competing interests under limited resources, a health ethics framework provides for a systematic analysis and resolution of conflicts through the evidence-based application of general ethical principles, such as respect for personal autonomy, beneficence, justice, utility and solidarity. Health ethics is integral to the Sustainable Development Goals (SDGs), whereby countries commit to realizing a holistic vision for economic, environmental, political and social development through 17 interlinked and indivisible goals. As such, achieving health in the SDGs through universal health coverage is reinforced by health ethics, both in principle and in practice.

The Asia-Pacific Regional Meeting for National Ethics/Bioethics Committees (AP-NEC) was convened in Seoul, Republic of Korea, from 24 to 25 October 2017. It was chaired by the National Bioethics Committee of the Republic of Korea (KNBC), with support from the World Health Organization (WHO), in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO). The meeting was attended by delegates from 21 countries. AP-NEC provided a platform for participants to exchange ideas, build support and foster collaboration on health ethics, including public health ethics, clinical care ethics and research ethics, with a focus on regional priority issues in the context of the SDGs.

Participants agreed that considerable variation exists between countries in their institutional arrangements and capacities for health ethics. Emerging technologies, resourcing of ethics systems, and health inequalities both within and between countries are common issues across the region. Participants further agreed that improving coordination between universities and ministries, engagement with civil society and the public, and managing external researchers and funders, especially from the private sector, are essential.

Member States were encouraged to strengthen national ethics/bioethics committees through improved policy, more administrative support and better integration with trends in health care; to integrate ethics training in curricula for public health, clinical care, and research; to support research that has a focus on reducing health inequality, and continue to recognize, refine and incorporate into their structures and processes the way they deal with cultural dimensions in the health and health ethics space; for advanced countries, to support and mentor countries (e.g. Pacific island countries) in developing their national health ethics frameworks; and to strengthen national and regional networking and sharing.

WHO was requested to provide technical assistance to Member States in mainstreaming health ethics into national health policies; to adapt ethics training materials for implementation in countries; to conduct mapping of processes in countries and across countries; to develop an assessment tool for protocols and provide technical assistance to countries in revising/updating guidelines and creating standard operating procedures (SOPs) for research ethics committees; and to facilitate participation of Member States in regional and global forums for health ethics, including the 12th Global Summit of
1. INTRODUCTION

Health ethics promotes the consideration of values in the prioritization and justification of actions by health professionals, researchers and policy-makers that may impact the health and well-being of patients, families and communities. National ethics committees (NECs), comprised of experts and stakeholders, may be established by the government to ensure robust assessment of issues and offer empirically informed identification of ethical solutions and policy recommendations. International partners, such as the World Health Organization (WHO), may provide technical assistance to governments in operationalizing, training and setting agendas for NECs.

Health ethics is an interdisciplinary field encompassing a broad range of domains and issues. In public health, the key issues include: balancing public good against individual liberty, prioritizing treatment and prevention, health promotion and equity, and the implications and limits of public health surveillance. In health research, key questions include: what value does the research have for the communities from which the participants are drawn, who benefits, how are the participants chosen, and how are the rights and well-being of participants protected? In clinical care, key issues include: informed consent, decision-making capacity, privacy and confidentiality. For health systems, key issues include: resource allocation, corporate partnerships, workplace ethics, equitable access, individual vs population health, and public accountability. Finally, in global health, key issues include: cooperation between countries to address the social determinants of health (e.g. poverty, malnutrition, poor education, unhealthy living conditions, lack of access to health care), “brain drain” from resource-poor countries to wealthier countries, cultural relativity, and data- and benefit-sharing in international research. With competing interests under limited resources, a health ethics framework provides for a systematic analysis and resolution of conflicts through the evidence-based application of general ethical principles, such as respect for personal autonomy, beneficence, justice, utility and solidarity.

Health ethics is integral to the Sustainable Development Goals (SDGs), whereby countries commit to realizing a holistic vision for economic, environmental, political and social development through 17 interlinked and indivisible goals. To ensure no one is left behind, these goals must be addressed by integrated and inclusive strategies through a whole-of-society and whole-of-government approach. Universal health coverage (UHC) – all people and communities having access to quality health services without suffering financial hardship – is both an enumerated target under SDG 3 (good health and well-being) and a platform for achieving health throughout the SDGs, all of which ultimately influence health and are influenced by health. UHC calls for strengthening health systems through five key attributes: quality, efficiency, equity, accountability, and sustainability and resilience. As such, achieving health in the SDGs through UHC is reinforced by health ethics, both in principle and in practice.

1.1 Meeting organization

The Asia-Pacific Regional Meeting for National Ethics/Bioethics Committees (AP-NEC) was convened in Seoul, Republic of Korea, from 24 to 25 October 2017. It was chaired by the National Bioethics Committee of the Republic of Korea (KNBC), with support from the World Health Organization (WHO), in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO). A meeting timetable is available in Annex 1.
The meeting was attended by 33 delegates from 21 countries, including 16 from the WHO Western Pacific Region (Cambodia, China, Fiji, Japan, Lao People’s Democratic Republic, Malaysia, Mongolia, New Zealand, Philippines, Papua New Guinea, Republic of Korea, Samoa, Singapore, Solomon Islands, Vanuatu and Viet Nam) and 5 from the WHO South-East Asia Region (Bangladesh, India, Indonesia, Sri Lanka and Thailand). Delegations comprised the chairs of national ethics/bioethics committees or equivalent advisory groups, if any, that provide guidance to the government on health ethics issues; and senior officers in the health ministry or other government agency responsible for the development, implementation and/or evaluation of health ethics policies, guidelines and programmes. A list of participants is available in Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

1. to raise awareness about the essential role of health ethics in the 2030 Agenda for Sustainable Development;
2. to strengthen national capacities in promoting ethics in health, including through optimizing national ethics/bioethics committee arrangements; and
3. to explore opportunities for collaboration and develop plans towards advancing action on regional priority issues in health ethics.

2. PROCEEDINGS

2.1 Opening ceremony

Dr Park Sang Eun, Chairperson of KNBC, opened the meeting. He pointed out that this was the first regional-level meeting to be convened in Asia and that he was pleased to be able host it. He noted that the theme of the meeting was promoting health ethics to achieve the SDGs and that a strong health ethics framework was an essential safety net to ensure the protection of the dignity of life, which was fundamental to a sustainable society. He thanked the representatives of national ethics/bioethics committees, national governments, academic institutions, WHO and UNESCO for their combined efforts in helping to organize the meeting and for taking the time to be present in Seoul. He suggested that the meeting provides a platform for the region to identify priority issues for action and collaboration.

A welcome address was delivered by Dr Kang Dotae, Deputy Minister for Healthcare Policy, Republic of Korea. He congratulated the organizers and delegates noting that the gathering will provide a valuable opportunity to discuss regional priority issues of bioethics and the challenges presented of the Fourth Industrial Revolution. He described this era as involving the rapid development of health-care technology and the astonishing achievement of science and technology that has been changing people’s lives in many ways. He commented that while the evolution of bioscience has made it possible to treat some diseases that were considered untreatable in the past, it also generates a wide range of bioethics issues difficult to address within existing ethics frameworks. These challenges include questions as to: how personal genetic or health information should be collected and managed, how newly emerging medical resources should be distributed, and whether it
would be desirable to determine the future of yet-to-be-born babies by manipulating their genes. In this context, he noted that since 2005 and the enactment of the Bioethics and Safety Act, the Government of the Republic of Korea has made continuous efforts to propose balanced ethics policies taking into account the reality of the Republic of Korea as a nation and the need to support the development of bioscience in the country.

Dr Vivian Lin, Director of Health Systems at the WHO Regional Office for the Western Pacific, delivered congratulatory remarks on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific. She noted that the SDGs’ holistic vision for economic, environmental, political and social development places health firmly at the centre of the development agenda. She said that this brings enormous opportunity but also significant challenges: How do we ensure a continuing focus on equity in the pursuit of the SDGs? How do we balance public good against individual liberty in designing health services? How do we balance prevention and health promotion against more expensive treatment in decisions about allocating scare resources to achieve UHC? She expressed hope the meeting could strengthen the role that NECs can play in advising government policy-makers as they make important decisions that shape their countries’ path to sustainable development.

All delegates introduced themselves through a round of self-introductions.

2.2 Session 1: Health in the Sustainable Development Goals

2.2.1 Technical presentation: Health ethics issues and SDGs in the Western Pacific Region

\textit{Dr Vivian Lin, Director, Division of Health Systems, WHO Regional Office for the Western Pacific}

Dr Lin’s key points were that given inter-regional inequalities in health, a new vision for planning health was required. This would involve a new way of thinking about health policy and programme development that focused on shared action so that “no one is left behind”. Building on the idea of the role of the global citizen, she said it was important to recognize regional linkages and to ensure that policy and practice covered social and political dimensions that carried an understanding of social determinants and the concept of social equity. Moreover, she added that ethical consideration must span not only boundaries of life but include a focus on the shape of health policy and practice.

2.2.2 Keynote: The role of national ethics committees in supporting governments to promote health ethics under the SDG agenda: experiences from the Republic of Korea

\textit{Dr Park Sang Eun, Chairperson, KNBC}

Dr Park provided a comprehensive picture of the functions and composition of KNBC, focusing on aspects of the associated research institute, the role of KNBC in respect of major research and ethical issues. When discussing the area of public health ethics, he noted the announcement of the Declaration on Respect for Life – and in this context the challenges facing clinicians around the complex issues to do with discussions about decisions concerning life-sustaining treatment processes.

2.2.3 Report: Survey of health ethics in the Asia-Pacific region

\textit{Dr Ki-Hyun Hahm, Technical Officer, Health Law & Ethics Unit, Division of Health Systems, WHO Regional Office for the Western Pacific}

Dr Hahm presented a range of data based on responses to a survey filled in by representatives from the countries attending the meeting. A key finding confirmed the expectation that there exists notable variability between countries in respect of ethics structures and processes. Furthermore, there was
evidence that there was also marked variation in the maturity of the arrangements regarding ethics systems and resources.

**Comments from experts.** Experts were invited to provide initial reflections on health ethics in the SDGs, each from the perspective of a key ethical principle:

- *Professor Angus Dawson*: autonomy
- *Professor Roy Joseph*: beneficence
- *Professor Susan Dodds*: justice
- *Professor Chang-yup Kim*: solidarity.

### 2.3 Session 2: Priority issues in public health ethics

#### 2.3.1 Technical presentation: In defence of public health ethics (PHE)

*Professor Angus Dawson, Sydney Health Ethics, University of Sydney*

Professor Dawson noted at the beginning of his address the importance of “learning from others” emphasizing that most people in the world do not start ethics conversations from the vantage point of a “I” but rather a “we” ethics. He admitted that this paradigm was out of step with conventional bioethical concepts and against approaches to ethics that emphasize cultural, social and ecological constructs. In his view, there is much to learn from non-Western ethics where the basis for ongoing conversations covers individuals, groups, communities, and social and ecological contexts. Professor Dawson noted that public health ethics builds upon the aims, methods and aspirations of public health. The aims and values of public health ethics provide an essential background to other issues, including clinical ethics, research ethics and the SDGs.

**Country panel.** At this point, selected countries provided brief commentaries on key issues being faced in respect of bioethics in their countries. These brief presentations are listed with the topics covered:

- *India*: Emergency use of experimental intervention
- *Indonesia*: Immunization
- *Malaysia*: The ethics of haze
- *Samoa*: Population based interventions for noncommunicable disease (NCD) risk factors
- *Vanuatu*: Outbreaks and emergencies.

### 2.4 Session 3: Priority issues in health (clinical) care ethics

#### 2.4.1 Technical presentation: Contemporary issues in clinical ethics

*Professor Roy Joseph, National Medical Ethics Committee, Singapore*

Professor Joseph’s view was that there was an ethical imperative for a changed system with more emphasis on better professional training for clinicians, patients and society around the principles of bioethics. A concentration on and an improved understanding of distributive justice and the concept of equity achieved through the provision accessible services were warranted. The oft-mentioned idea of respect for persons and their autonomy reflected through the provision of health services that were genuinely patient centred would be a step forward.
Country panel. Brief comments were provided by the following countries:

- **Bangladesh**: Professional dealing with diagnostic centres and pharmaceutical companies
- **Republic of Korea**: Regulation for palliative care and life sustaining treatment
- **Malaysia**: Advanced medical directives
- **Singapore**: Patient-centred standard for disclosure of risk.

2.5 **Session 4: Priority issues in health research ethics**

2.5.1 Technical presentation: Emerging developments in medical research: 3D bioprinting, neurosurgical implants – medical innovation and vulnerable participants

*Professor Susan Dodds, Dean, Arts & Social Sciences, University of New South Wales, Australia*

Professor Dodds’s presentation pointed to the tensions between technological advances in medical interventions and bioethics. She further examined in this context the familiar concept of vulnerability and the notion of the “vulnerable patient”, discussing the inherent risk resulting from the promotion of this concept in bioethics, among which were the loss of autonomy and the emergence of paternalism.

Country panel. The following brief commentaries were presented:

- **New Zealand**: The implications of big data for research design and execution
- **Papua New Guinea**: The translation of health research ethics in a culturally diverse country
- **Philippines**: International research
- **Solomon Islands**: Culture and the role of health research ethics
- **Sri Lanka**: Ethical issues related to clinical trials
- **Thailand**: Informed consent.

2.6 **Session 5: Strengthening national capacities for health ethics**

2.6.1 Technical presentation: Global health ethics: supporting Member States

*Dr Abha Saxena, Coordinator Global Health Ethics, WHO headquarters*

Dr Saxena outlined the history of WHO support to Members States on the topic of global health ethics and the value of global and regional meetings in bringing countries together to examine issues in a way that affords mutual benefit.

2.6.2 Technical presentation: UNESCO and global bioethics: from international standard-setting to national capacity-building

*Dr Susan Vize, Regional Advisor for Social and Human Sciences, UNESCO Bangkok*

Dr Vize summed up the way in which UNESCO provides support and assists NECs to build capacity through the provision of training programmes designed to fit with a nation’s priorities and cultural environment.
2.6.3 Technical presentation: UNESCO ethics education programme

Dr Irakli Khodeli, Programme Specialist for Social and Human Science, UNESCO Jakarta

Dr Irakli built on Dr Vize’s presentation by giving details about the history and global coverage of UNESCO’s education programmes in bioethics and its place in bioethics capacity-building.

**Country panel.** Brief comments were delivered by the following countries:

- **New Zealand:** The redrafting of the national ethics guidelines: an educative opportunity
- **Sri Lanka:** Bioethics education for post-graduate doctors
- **Mongolia:** Educating non-health professionals (nongovernmental organizations, or NGOs) on medical research methods
- **Philippines:** Department of Health initiative to establish a Single Joint Ethics Review Board
- **Viet Nam:** The Ministry of Health’s independent ethics committee and institutional ethics committee.

2.7 **Session 6: The way forward (group work)**

The focus of this session coordinated by Dr Saxena and Dr Hahm was on group work whereby groups of countries were brought together to discuss both unique challenges and priorities along with those held in common. Countries were grouped according regional affinity and similar levels of development with a named facilitator. The goal was to identify common challenges in terms of bioethics arrangements defined in terms of structure and process. The results were reported back to the plenary, as summarized below.

**ASEAN (Indonesia, Malaysia, Philippines, Thailand)**

Identified priority issues:
- public health ethics and NC ethics, TRM research ethics;
- achieving health equity;
- organ transplantation;
- gene and stem cell research;
- introduce bioethics in the curriculum and linking this with WHO and UNESCO frameworks;
- develop greater public engagement;
- strengthen ethics committees through improved policy, more administrative support and better integration with trends in health care; and
- strengthen national and regional networking.

**PACIFIC (Fiji, Papua New Guinea, Samoa, Solomon Islands, Vanuatu, plus New Zealand)**

Identified priority issues:
- need to strengthen ethics arrangements, and
- need for mentoring and support from other nations and international bodies.
Agreed steps forward include:

- mapping processes within and across countries;
- aligning, streamlining and strengthening country ethics processes;
- exchanging and sharing ideas across the region including Australia and New Zealand supported by the WHO Regional Office in Manila;
- developing regional training and the teaching of ethics in various curricula; and
- liaising with legal people from both within and outside the country on developing memorandums of understanding (MOUs) with researchers particularly around issues of intellectual property and matters to do with indigenous knowledge and customary laws.

**EAST ASIA (China, Japan, Republic of Korea)**

Identified priority issues:

- ethical concerns relating to stem cells, gene editing, 3D bioprinting, big data, bio banks, genomics, AI surgery, etc.;
- guidance lagging behind technology; public concerns not aligned with research activity (or not known);
- diffuse institutional review board (IRB) structure – activities at hospital level not known, small number of funders, and potential conflict of interest;
- IRBs need to be prepared for new technologies and dealing with private research funding; and
- more public debate needed, with involvement of experts, academic societies and researchers (i.e. learn from other countries).

**MEKONG (Cambodia, Lao People’s Democratic Republic, Mongolia, Viet Nam)**

Identified priority issues:

- need to develop and strengthen training around research ethics and public health ethics;
- need to revise/update guidelines and create statement of procedures (SOPs);
- need better coordination between universities and ministries; and
- how best to manage external researchers and funders, as priorities may not be consistent with local population needs and contexts.

Primary needs include:

- ethics (not just research ethics) training,
- ethics in curriculum + CPD,
- benchmarking across countries, and
- assessment tool for protocols (and other practical tools for decision-making).
SOUTH ASIA (Bangladesh, India, Sri Lanka)

Identified priority issues:

- need more knowledge on public health ethics, food marketing and pharma;
- need NECs with a scope beyond research;
- need consistency across systems in terms of the implementation of rules and laws;
- need to strengthen coordination between educational institutions and professional bodies on ethics education;
- need to inculcate values and reinforce appropriate behaviour in the research community; and
- need greater public engagement around ethics issues.

2.8 Closing ceremony

Dr Abha Saxena provided an interesting history on the global and regional summit meetings. With Dr Vivien Lin, Dr Saxena again outlined the key features around bioethics and the SDGs. Some key points to be reiterated at the close included that NECs should:

- ensure their membership covers their core business but also carries expertise across a range of emerging technologies such as genomic research, big data and the range of methodological paradigms that are being focused on issues in health;
- be especially supportive of research that has a focus on reducing both national and between-nations health inequality;
- continue to recognize, refine and incorporate into their structures and processes the way they deal with cultural dimensions in the health and health ethics space; and
- evaluate the value of being among those organizations that will host the 2019 Asia-Pacific National Ethics Committees Regional Summit.

At a more specific level, Dr Lin revisited some of her opening remarks by commenting on:

- issues related to health equity in the Western Pacific Region;
- ethical challenges in health policy and practice: public health, health care, health research; and
- ethics and governance for health.

The chair of the local organizing committee, Dr Park Sang Eun, closed with some reflections on his country – the Republic of Korea – and expressed a clear willingness to support a repeat of this regional summit in 2019 with New Zealand being mentioned as possible host. He closed with a reference to the following African proverb: “If you want to go fast, go alone. If you want to go far, go together.” The spirit of the meeting was very clearly “to go far” with the programme encouraging a diversity of points of view and ethical concerns, the solutions to which were to be found in mutual support and a free and respectful exchange of ideas.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Participants agreed on the following:

(1) Considerable variation exists between countries in their institutional arrangements and capacities for health ethics.
(2) Issues in health ethics common across the Asia-Pacific region include: emerging technologies, resourcing of ethics systems, and health inequalities both within and between countries.
(3) Improving coordination between universities and ministries, and engagement with civil society and the public, is essential.
(4) Managing external researchers and funders, especially from the private sector, is essential, as priorities may not be consistent with local population needs and contexts.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to do the following:

(1) to strengthen national ethics/bioethics committees through improved policy, more administrative support and better integration with trends in health care;
(2) to integrate ethics training in curricula for public health, clinical care, and research, linking with WHO and UNESCO frameworks, as appropriate;
(3) to support research that has a focus on reducing health inequality both at national levels and between countries, and continue to recognize, refine and incorporate into their structures and processes the way they deal with cultural dimensions in the health and health ethics space;
(4) for advanced countries, to support and mentor countries (e.g. Pacific island countries) that are in the nascent stages of developing their national health ethics frameworks; and
(5) to strengthen national and regional networking and sharing.

3.2.2 Recommendations for WHO

WHO is requested to do the following:

(1) to provide technical assistance to Member States in mainstreaming health ethics into national health policies;
(2) to adapt ethics training materials for implementation in countries;
(3) to conduct mapping of processes in countries and across countries, with initial focus on research ethics committees in the Pacific;
(4) to develop an assessment tool for protocols (and other tools for decision-making) and provide technical assistance to countries in revising/updating guidelines and creating standard operating procedures (SOPs) for research ethics committees; and
(5) to facilitate participation of Member States in regional and global forums for health ethics, including the 12th Global Summit of National Ethics/Bioethics Committees in 2018 and the next Asia-Pacific Regional Meeting for National Ethics/Bioethics Committees in 2019.
### ANNEX 1

#### TIMETABLE

#### DAY 0: 23 (Monday) October 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Venue</th>
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<tbody>
<tr>
<td>15:30 – 16:30</td>
<td>Meeting of the Steering Committee and Secretariat</td>
<td>Charmant Function Room (1st floor), Hotel President</td>
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<td>16:30 – 17:00</td>
<td>Shuttle (from Hotel President)</td>
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<tr>
<td>17:00 – 19:30</td>
<td>Cultural Program</td>
<td>Korea House</td>
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<td>- Dinner</td>
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<td></td>
<td>- Music and Dance Performance</td>
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<tr>
<td>19:30 – 20:00</td>
<td>Shuttle (to Hotel President)</td>
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#### DAY 1: 24 (Tuesday) October 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Moderator: Dr Lee Yoon-Seong, President, Korea National Institute for Bioethics Policy, Republic of Korea</th>
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<tbody>
<tr>
<td>09:00 – 09:45</td>
<td>Opening Ceremony</td>
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<td></td>
<td>- Opening Remarks (5 min) by Dr Park Sang Eun, Chair, National Bioethics Committee of the Republic of Korea</td>
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<td>- Welcome Address (5 min) by Dr Dotae Kang, Deputy Director General, Office of Healthcare Policy, Ministry of Health and Welfare, Republic of Korea</td>
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<td>- Congratulatory Remarks (5 min) by Dr Shin Young-soo, Regional Director, World Health Organization Regional Office for the Western Pacific (WHO WPRO)</td>
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<td></td>
<td>- Congratulatory Remarks (5 min) by Dr Susan Vize, Regional Advisor for Social and Human Sciences, United Nations Education, Science and Cultural Organization (UNESCO) Office in Bangkok</td>
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<td></td>
<td>- Self-introductions of participants (15 min)</td>
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<tr>
<td></td>
<td>- Meeting Overview + Administrative Announcements (5 min) by Dr Ki-Hyun Hahm, Technical Officer, Health Law &amp; Ethics Unit, Division of Health Systems, WHO WPRO</td>
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<td></td>
<td>- Group photo (5 min)</td>
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<td>09:45 – 10:15</td>
<td>Tea Break</td>
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<td>Time</td>
<td>Session 1: Health ethics in the Sustainable Development Goals</td>
<td>Moderator: Dr Barry Smith, Member, Health Research Council Ethics Committee, New Zealand</td>
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<td>10:15 – 11:30</td>
<td>- Introductory Presentation (15 min): “Health ethics issues and SDGs in the Western Pacific” by Dr Vivian Lin, Director of Health Systems, WHO WPRO</td>
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<td>- Keynote (15 min): “The role of national ethics committees in supporting governments to promote health ethics under the SDG agenda: experiences from the Republic of Korea” by Dr Park Sang Eun, Chair, KNBC, Republic of Korea</td>
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<td>- Report (10 min): “Survey of Health Ethics in the Asia-Pacific Region” by Dr Ki-Hyun Hahm, Technical Officer, Health Law &amp; Ethics Unit, Division of Health Systems, WHO WPRO</td>
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<td></td>
<td>- Comments from Experts (15 min)</td>
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<td>● On autonomy by Prof Angus Dawson, Director, Sydney Health Ethics, University of Sydney, Australia</td>
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<td>● On beneficence by Prof Roy Joseph, Chair, National Medical Ethics Committee, Singapore</td>
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<td>● On justice by Prof Susan Dodds, Dean, Arts &amp; Social Sciences, University of New South Wales, Australia</td>
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<td>● On solidarity by Prof Chang-Yup Kim, Professor of Health Policy, Seoul National University, Republic of Korea</td>
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<td>- Plenary Discussion (20 min)</td>
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<tr>
<td>11:30 – 13:15</td>
<td>Lunch Networking</td>
<td>Moderator: Judge (ret) Richard Magnus, Chair, Bioethics Advisory Committee, Singapore</td>
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<td></td>
<td>- Introductory Presentation (20 min) “In defence of substantive public health ethics” by Prof Angus Dawson, Director, Sydney Health Ethics, University of Sydney, Australia</td>
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<td>- Country Panel (20 min)</td>
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<td></td>
<td>● India (ethical guidelines on public health research)</td>
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<td>● Indonesia (immunization)</td>
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<td>● Malaysia (haze)</td>
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<td>● Vanuatu (outbreaks and emergencies)</td>
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<td></td>
<td>- Plenary Discussion (20 min)</td>
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<td>Time</td>
<td>Session 3: Priority Issues in Health (Clinical) Care Ethics</td>
<td>Moderator: Prof Yuthavong Yongyuth, Advisor, National Committee for Ethics of Science and Technology, Thailand</td>
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| 14:15 – 15:30 | - Introductory Presentation (15 min) “Contemporary issues in clinical ethics” by Prof Roy Joseph, Chair, National Medical Ethics Committee, Singapore  
- Country Panel (30 min)  
  - Bangladesh (professional dealing with diagnostic centers and pharmaceutical companies)  
  - China (medicine: business or profession?)  
  - Republic of Korea (regulation for palliative care and life-sustaining treatment)  
  - Malaysia (advanced medical directives)  
  - Singapore (patient-centered standard for disclosure of risk)  
- Plenary Discussion (30 min) |
| 15:30 – 16:00 | Tea Break |
| 16:00 – 17:25 | Session 4: Priority Issues in Health Research Ethics | Moderator: Prof Datin Dr Azizan Baharuddin, Member (former Chair), National Bioethics Council, Malaysia |
|              | - Introductory Presentation (15 min) “Emerging developments in medical research” by Prof Susan Dodds, Dean, Arts & Social Sciences, University of New South Wales, Australia  
- Country Panel (35 min)  
  - New Zealand (ethical implications of Big Data for research design and execution)  
  - Papua New Guinea (translation of health research ethics in culturally diverse country)  
  - Philippines (international research)  
  - Samoa (establishing local counterparts in research)  
  - Solomon Islands (culture and the role of health research ethics)  
  - Sri Lanka (ethical issues related to clinical trials)  
  - Thailand (informed consent)  
- Plenary Discussion (35 min) |
| 17:30 – 20:00 | Welcome Dinner |
### DAY 2: 25 (Wednesday) October 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Session 5: Strengthening national capacities for health ethics</th>
<th>Moderator: Prof Park Soo Hun, Vice-Chair, National Bioethics Committee, Republic of Korea</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 – 10:30</td>
<td>- Presentation (15 min) “Supporting Member States in health ethics: a global perspective” by Dr Abha Saxena, Coordinator, Global Health Ethics, WHO HQ</td>
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<td>- Presentation (10 min) “Bioethics capacity-building: Assisting Bioethics Committees (ABC)” by Dr Susan Vize, Regional Advisor for Social and Human Sciences, UNESCO Office in Bangkok</td>
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<td></td>
<td>- Presentation (10 min) “Ethics Education Programme (EEP)” by Dr Irakli Khodeli, Programme Specialist for Social and Human Science, UNESCO Jakarta Science Bureau for Asia and the Pacific</td>
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<td>- Country Panel (25 min)</td>
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<td>- Mongolia (educating non-health professionals (NGOs) on medical research methods)</td>
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<td>- New Zealand (redrafting ethics guidelines: an educative opportunity)</td>
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<td>- Philippines (DOH initiative to establish Single Joint Ethics Review Board)</td>
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<td>- Sri Lanka (bioethics education for post-graduate doctors)</td>
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<td>- Viet Nam (research protocol evaluation tool)</td>
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<td>- Plenary Discussion (30 min)</td>
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<td>10:30 – 10:45</td>
<td>Tea Break</td>
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<td>10:45 – 12:15</td>
<td>Session 6: The Way Forward</td>
<td>Moderator: Dr Abha Saxena, Coordinator, Global Health Ethics, WHO HQ</td>
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<td>- Group work (60 min): identifying priority issues in health ethics and capacity needs for advancing action in countries and exploring opportunities for regional collaboration</td>
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<td>- Report back (30 min)</td>
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<td>12:15 – 12:35</td>
<td>Closing Ceremony</td>
<td>Moderator: Dr Lee Yoon-Seong, President, Korea National Institute for Bioethics Policy, Republic of Korea</td>
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<td>- Conclusions (10 min)</td>
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<td>- Announcements (5 min): 12th Global Summit + 2nd AP-NEC</td>
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<td>- Closing Remarks (5 min) by Dr Park Sang Eun</td>
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<td>12:30 – 14:00</td>
<td>Lunch</td>
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</tbody>
</table>
ANNEX 2

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