

Expert Consultation on Public Health Law



5-6 May 2011
Manila, Philippines



EXPERT CONSULTATION ON PUBLIC HEALTH LAW
05-06 MAY 2011
MANILA, PHILIPPINES

**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC**



**REPORT
EXPERT CONSULTATION ON PUBLIC HEALTH LAW**

**Manila, Philippines
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REPORT
EXPERT CONSULTATION ON PUBLIC HEALTH LAW

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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NOTE

The views expressed in this report are those of the participants in the Expert Consultation on Public Health Law and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Expert Consultation on Public Health Law, which was held in Manila, Philippines from 5 to 6 May 2011.

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Key words:

Health systems plans / Regional health planning/ Primary health care / Strategic Planning

SUMMARY

An Expert Consultation on Public Health Law was held at the World Health Organization Regional Office for the Western Pacific in Manila, Philippines from 5 to 6 May 2011. The meeting was attended by seven temporary advisers and six WHO staff.

The objectives of the meeting were:

- (1) to develop a framework for the legal analysis tool;
- (2) to conduct a peer review of Ms Genevieve Howse's document: *Public Health Law in the Pacific: A Legislator's Companion*; and
- (3) to identify the next steps for the WHO Regional Office to interact with partners and countries that would like to use either the tool or the document as a guide.

The meeting participants noted that, while countries have public health law at different levels of development, constraints exist at all levels and several aspects need to be addressed as priority issues. Guidelines were formulated for improvements in utilization of public health law in support of district public health law. Guidelines addressed the need for routine monitoring of public health law; attention to strategies and training of staff to improve skills in data analysis, interpretation and report writing to enhance informed decision-making; feedback to improve public health law quality and timelines; appropriate and coordinated technical support to be managed by countries themselves with support from international agencies; and a fully consultative process involving all levels of the health system when making revisions to the public health law infrastructure and support. Countries should capitalize on advances in the legal system whenever the national or local situation is favourable, focusing on those applications that are appropriate within the national context. While a public health law could be improved by reviewing the indicators it generates, countries should develop clear guidelines on methodologies for the development and prioritization of indicators.

1. INTRODUCTION

1.1 Background information

In February 2007, the WHO Regional Office for the Western Pacific organized a Workshop on Public Health Law for Pacific Island Countries. The workshop acknowledged that public health law is a central component of every government's attempts to improve and promote health for its citizens. Legislation is a necessary part of a health protection framework that enables Member States to effectively detect, assess and appropriately respond to health threats. Since the 2007 workshop, the WHO Regional Office has been developing a tool that Member States can use to analyse their own legal status. Furthermore, Ms Genevieve Howse, a consultant in public health legislation and policy development in the Pacific region and a senior lecturer in public health law at La Trobe University in Australia, has developed a draft public health law guide entitled *Public Health Law in the Pacific: A Legislator's Companion*. An Expert Consultation on Public Health Law was convened from 5 to 6 May 2011 in Manila, Philippines, as a venue for consultation and review of technical issues relating to public health law and the two pieces of work described above. The expert consultation sought to promote a more unified and harmonious approach by external partners in providing technical assistance to countries in the area of public health law.

1.2 Objectives

In order to promote a more unified and harmonized approach to external technical assistance in public health law, the consultation objectives were:

- (1) to develop a framework for the legal analysis tool;
- (2) to conduct a peer review of Ms Genevieve Howse's document, *Public Health Law in the Pacific: A Legislator's Companion*; and
- (3) to identify the next steps for the WHO Regional Office to interact with partners and countries that would like to use either the tool or the document as a guide.

1.3 Participants

Experts from across the Western Pacific Region participated as temporary advisers: Dr Bu C. Castro, a physician lawyer of the Philippine Hospital Association; Mr David Clarke, the director of Allen and Clark Policy and Regulatory Specialists; Ms Josephine Elizabeth Cooper, a consultant in international health legislation; Dr Ki-Hyun Hahm, a research assistant professor of the Department of Medical Humanities and Social Medicine of Ajou University School of Medicine; Ms Genevieve Howse, a consultant in public health legislation and policy; Ms Anita Louise Jowitt, a lecturer in law at the University of South Pacific; and Professor Myongsei Sohn, the Dean of the Graduate School of Public Health, the CEO of Bioethics Policy Research Center and the CEO of the Asian Institute for Bioethics and Health Law at Yonsei University. A detailed list of temporary advisers and WHO Secretariat members is given in Annex 2.

1.4 Appointment of Chairperson, Vice-Chairperson and Rapporteur

Prof Myongsei Sohn of the Republic of Korea was appointed Chairperson, Dr Bu Castro of the Philippines as Vice-Chairperson, Mr David Clark of New Zealand as First Rapporteur, and Ms Genevieve Howse of Australia as Second Rapporteur.

1.5 Opening remarks

In his opening address, Dr Shin Young-soo, WHO Regional Director for the Western Pacific, noted that public health law is an essential tool for implementing health policy. However, he stated that public health law is often inadequate, outdated, fragmented and even conflicting. Dr Shin also noted that public health laws may not always be consistent with WHO policy and WHO resolutions adopted by Member States. Dr Shin also gave examples of public health laws that were enacted but not implemented for long periods of time. He emphasized the desirability of adequate implementation methods to accompany the enactment of law. He expressed his hope that this meeting would not be a single expert meeting but a step in the continuous strengthening of the Regional Office's involvement in public health law. He encouraged participants to come up with ideas for improved guidance and assessment tools for Member States. See Annex 1 for Dr Shin Young-soo's opening speech.

2. PROCEEDINGS

2.1 Introduction

The meeting started with the statement of its purpose, that is, gathering recommendations from experts on the guide to public health law in the Pacific and on the WHO analysis tool. The terminology used when discussing public health law must be based on a consensus to the extent possible. The participants agreed that the guide, *Public Health Law in the Pacific: A Legislators Companion*, may be useful in the preparation of the framework for assessing public health law. However, the participants felt that the draft *Legislator's Companion* needed additional elements, such as an executive summary, graphs, charts and tables, to make it easier to comprehend. Additional resources such as various United Nations treaties, the WHO Constitution, the International Health Regulations, or IHR (2005), and the WHO Framework Convention for Tobacco Control (FCTC) were also deemed helpful for further development of both documents. It was noted that WHO resolutions may also be useful, but that some may be contradictory. Several people felt that the financing mechanism should also be included in the law.

2.2 Public Health Law in the Pacific: A Legislator's Companion

2.2.1 Preliminary matters, objects and administration

Ms Genevieve Howse presented the rationale for a project to develop a model public health law for the Pacific and the outcomes of the project. She mentioned the reasons for being cautious about adopting a model public health law for the Pacific, the importance of taking a Pacific-specific approach, and the methods used to develop the draft document. The project included a study of public health law in Vanuatu, Solomon Islands, Fiji and Papua New Guinea.

Ms Howse concluded that the public health acts of the said four countries were deficient in three significant ways: (1) they had little resonance with traditional Pacific ways and customs; (2) they did not support the present policy approach to the protection and promotion of public

health in their countries; and (3) they had been amended so many times over the past decades that it was no longer clear who was responsible and under what circumstances.

The meeting participants suggested that countries need to identify a "chief public health officer" and noted that this title might be different in different countries. They expressed concerns regarding the propagation or enactment of public health law where the state presence is limited, the integration of customary practice with public health, and the extent to which international treaties and obligations must be incorporated into national legislation.

2.2.2 Public health plan

As participants discussed public health planning, they examined the value of requiring public health plans to be linked other governmental planning requirements, at both the national and subnational levels. Throughout the Pacific region, there is considerable variation as to the length of planning cycles and the links between health plans and overall government planning across sectors and at subnational levels. The degree to which health planning is placed into public health law is a matter for each country to decide.

2.2.3 Communicable conditions

The participants agreed that IHR (2005) should be incorporated into both the *Legislator's Companion* and the proposed assessment framework. Some participants expressed concern that too little attention had been given to communicable diseases, the applicability of the model to communicable disease work in smaller countries, and the protection of individuals from coercion and abuse. It was commented that flow charts would be useful in making legislation, especially since the making of public health law rarely follows a straight line. The participants expressed some concern that insufficient attention had been paid to compliance with constitutions and international treaty obligations. Domestic law should recognize the core capacity requirements that nations are obliged to fulfill under international treaty obligations. The role of public health law in preventing the spread of communicable diseases, including the need for the identification of new diseases of international significance, was also discussed.

2.2.4 Noncommunicable conditions

Discussions on noncommunicable diseases focused on whether States have the right to coerce individuals away from unhealthy behaviour and to what extent such behaviour is a personal matter or a concern of the State. This situation becomes even more complicated when risk pooling is used for financing health care. WHO can recommend policies but has quite limited means to force Member States to adopt and enforce recommended policies.

2.2.5 Declaration of local custom for village health

The role of local customs, customary law and village or island courts in promoting public health were discussed. Ms Howse noted that court-based remedies are difficult to access. No firm recommendations can be made about the use of customary law and village courts. The adoption of such practices depends on the local context.

A handful of related queries were raised: Can traditional medicine be regulated with educational standards in different cultural and social settings? How should we treat alternative medicine that may cause health problems? What local-level mechanisms can be used for enforcement?

Negative regulation was discussed. On a regulatory continuum, negative regulation sits somewhere between self-regulation and statutory registration. Negative regulation provides the regulatory tools to deal directly with those who behave illegally, unethically or dangerously, while leaving the vast majority of ethical and competent members of an unregulated health profession to self-regulate. Negative licensing potentially provides a code of conduct for unregistered practitioners and enables prosecution of practitioners falling short of a code of conduct for clinical standards. Both the discussant and the participants concluded that there is a difficulty in defining the “code of conduct”. Negative regulation can fail if it is captured by regulators who want to eliminate competition, an issue that can also come about with positive regulation.

2.3 Framework of the analysis tool for public health laws and regulations

2.3.1 Objectives

Dr So Yoon Kim, Technical Officer (Legal), WHO Regional Office for the Western Pacific, started the second day of the meeting by stating its objectives, namely: to agree on the goals and objectives of an assessment framework tool for public health law; to discuss the feasibility of such a tool as well as possible methods for its development; and to agree on the development method for such a framework and a timeline to do so.

To strengthen the list of objectives, the participants added some more specific ones: to adopt a peer review process, to form a common understanding among the participants, to form a solid ground for cooperation among countries, and to increase the understanding of how laws are crafted in different countries, especially laws that could eventually be applied to multiple countries in the region.

2.3.2 Goals and objectives of the framework

Dr Kim put forth discussion points for the participants, including the possible frameworks for analysing public health law. The visions, goals and objectives of the framework were discussed. Most notably, the framework should assist in assessing the laws of countries, in conducting cross-country comparisons of public health law, and in assessing the compatibility of a nation's public health law with its policies and values.

The framework should also seek to increase understanding of how laws are crafted, which might be of use to multiple countries in the region. The framework would be a tool for self-assessment and probably not a comprehensive framework that would fit all countries perfectly. It would be a guide for a regional approach to assist Member States in assessing the scope, completeness and adequacy of their public health law. Member States may find that a more in-depth study of their own situation might be necessary, but the framework could be a starting point.

The presentation on the visions, goals and objectives of the framework triggered multiplied responses. Participants recommended being cautious as providing policy options is one of the key roles of WHO, whereas assessing the qualities of existing law may be risky and controversial. Access to public health legislation and information on the degree of enforcement of such legislation may not be possible in some countries. Translation of public health law into an international language of the United Nations may be an issue in some countries. However, a framework that allows self-analysis was felt to be significant in its own way. It would increase ownership of public health law, something that has been an issue in several countries; however, it is unlikely to be comprehensive. It might be better to concentrate on studying certain parts of public health law, and not make judgements about quality, as this could be controversial.

A flexible timeline for the framework will have to be finalized. It was discussed that a long-term time frame might be six years, but initial work could be squeezed into two years. The timeline will change as experience grows.

Discussion was held on the basic format of the framework and the ways in which the key policies could be incorporated. Based on the responses, it was suggested that an assessment based on the six health systems building blocks might be relatively simple to execute. An alternative would be to use the headings from the *International Digest of Health Legislation*, which would be more complete but perhaps less accessible to those without legal backgrounds. It was also suggested that the framework should consist of a broad spectrum of areas from which Member States can selectively choose.

2.3.3 Best possible method of developing the framework

Discussions were held on the methods of developing the framework, including the balance of qualitative and quantitative methods, who the key informants might be, and the format for any questionnaire. Other points raised included the steps in implementing the framework, its basic format, and the inclusion of key policies.

Some of the methods suggested by the participants included providing information on the status of law in multiple Member States, self-assessment, using objective questions where possible to decrease subjectivity and controversy, and collecting some of the data in workshops to help empower participants.

The participants discussed the philosophy and intellectual background of the framework and concluded that WHO agreements such as the WHO Constitution, IHR (2005), WHO FCTC and the WHO Health Systems Framework are potentially useful. Caution must be used in referring to WHO resolutions as they are non-binding and occasionally contradictory.

2.3.4 Determine and assign country focal points and/or advisers

Dr Kim opened a discussion on the profile of respondents of a potential survey. The participants were asked to consider whether respondents should be public health law specialists, public officials, academics or even WHO staff. Furthermore, they were asked to discuss the management of data provided by respondents, the amount of documentation that would be expected from respondents, and its degree of confidentiality.

The participants suggested that the survey respondents may include government officials and academics, perhaps starting with a smaller number and progressively increasing the numbers with experience. Capacity-building might be useful and necessary through mechanisms such as workshops for respondents.

2.3.5 Specific aspects of framework development and management

Dr Kim discussed the next immediate steps, the plotting of a timeline, and the preparation for the upcoming meeting in October.

In planning for the immediate steps, Dr Kim asked about the formulation of questions and data gathering. The participants suggested that a structured questionnaire could be prepared using the six building blocks to ask about implementation of IHR (2005), the WHO FCTC, noncommunicable disease control, and so on. It was suggested to include some questions to check on the implementation of laws. Where possible, responses should be checked using other data sources. Open surveys using focus group interviews could also be done by country officials.

2.3.6 Timeline for developing the framework and identification of next steps

The participants agreed to provide input for the development of the analysis tool until 20 May 2011. They also agreed that Dr Kim and Dr Hahm would prepare the tool by the end of June 2011. By the end of August, pilot surveys using the tool would be done in the following countries: the Philippines (by Dr Bu C Castro); Vanuatu (by Ms Anita Louise Jowitt); Samoa (by an expert recommended by Mr David Clarke; and the Republic of Korea (by Dr So Yoon Kim). At that time, 10 experts would be identified for further country work. Three weeks before the meeting in October, the country experts will finish their country analyses using the tool.

3. CONCLUSIONS

The meeting was successful in obtaining recommendations from experts on the analysis tool and the new guide.

3.1 Public Health Law in the Pacific

The first set of conclusions relate to the consideration and development of public health law in the Pacific.

3.1.1 It would be beneficial for Pacific island countries to give consideration and support to the updating of legislation that promotes and protects public health among their people.

3.1.2 Ms Genevieve Howse will update her report file according to the comments and suggestions of the participants as well as the conclusions formed after the meeting. As recommended, she will add terminologies agreed on by consensus, an executive summary and graphs, charts and tables, where appropriate. These amendments be presented at the follow-up meeting in October.

3.2 Framework of the analysis tool for public health law

The second set of conclusions relate to the development of a framework of analysis tool for public health law.

3.2.1 An analysis tool will enable countries and individuals to evaluate the status of country-level public health law and legislation in relation to the WHO policies and agendas.

3.2.2 The draft framework is expected to contain an introduction, objectives, proposed timetable of work, terms of reference, issues, references to the six building blocks of the WHO Health Systems Framework and the subject headings of the *International Digest of Health Law*, methodology, indicators and information sources.

3.2.3 After the analysis tool is drafted, it will be circulated to consultation participants and feedback will be collected. It will be revised accordingly and recirculated to participants for finalization.

3.2.4 The pilot surveys will be conducted in the selected countries by the respective team members either formally through the government or informally through WHO consultation participants. Nomination of pilot country teams must be secured. The finalized tool must be distributed to country teams.

3.2.5 Pilot survey responses must be collected from the country teams. To gather more data, parallel literature reviews and student project baseline reviews, which cover concerns on availability, verification of accuracy, timeliness and amendments, must be completed.

3.2.6 Once pilot survey country teams submit feedback about their experiences using the tool, a comparison with information from parallel literature review and students project must be completed. If revised, the tool must circulate again for accuracy.

3.2.7 A follow-up meeting will be held in Seoul in October 2011 in conjunction with the Asia-Pacific Academic Consortium for Public Health (APACPH) meeting. Experts from this meeting will be invited as well as 10 to 15 Member States with their respective team members. Correspondence and the finalized tool will be distributed among these countries.

3.2.8 The APACPH meeting will include a presentation of findings and discussion of outcomes.

SPEECH OF THE REGIONAL DIRECTOR

**Expert Consultation on Public Health Law
WHO/WPRO, May, 2011**

**Address by
Dr. Shin Young Soo
Regional Director, WHO West Pacific Region**

Distinguished participants,
Honourable guests and partners,
Colleagues,
Ladies and Gentlemen,

With great pleasure, I welcome you all to this Expert Consultation on Public Health Law.

Public health law and legislation is an essential tool in the implementation of health policy, as well as an indicator in the evaluation of a country's health policy.

It provides legal and administrative means that assure the social conditions in which people can be healthy.

It will also help to ensure and facilitate development sustainability.

Despite such significance of public health laws and legislations, we are often faced with lack of adequate public health legislation or have legislation that is outdated. Legislation sometimes fails to address contemporary health issues and does not meet the changing needs of people and populations.

Recent interest in public health legal preparedness, - which encompass evaluating amending and supplementing public health law and at the same time, training the persons who implement, interpret, and study public health law – emphasizes the need to carry out a concerted action among countries in our region.

We already have an experience in our region conducting the "The Workshop on Public Health Law for Pacific Island Countries", in Auckland, New Zealand, in February, 2007.

It provided a forum for health policy advisers from the Pacific to discuss up-to-date approaches to public health law and an opportunity to discuss related aspects of human rights requirements, as well as legislative interfaces with other sectors.

The proceedings in the workshop acknowledged that public health law is a central component of every government's attempts to improve and promote health for its citizens. Legislation is a necessary part of a health protection framework that enables Member States to effectively detect, assess and appropriately respond to health threats.

Today, this meeting of experts is convened by the WHO to assess the status of health legislation and ultimately develop a tool for assessing country-level public health law and legislation

The tool will provide the means for countries and individuals to evaluate the status of public health law and legislation in relation to the WHO policies and agendas.

It will also be an innovative legal approach to the WHO policies and agendas.

I hope our deliberations at this meeting will help strengthen efforts among the experts in each member states towards a harmonized action to establish a tool will be a vital first step in promoting public health legal preparedness and ultimately will lead to improving the health and welfare of the people.

I am confident that this meeting will be an arena, an opportunity to help improve the health of our people.

So let us join hands and work together to.

Ladies and gentlemen, I wish you all a very successful meeting.

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TIMETABLE

TIME	ITEM	Responsible
DAY 1: Thursday, 5 May 2011		
08h00 – 08h30	Registration of participants	Secretariat
Opening		
08h30 – 10h00	Welcome Remarks Opening Speech Introduction of Chair, V-Chair and Rapporteur Objectives and Method of Work / announcement	Dr Henk Bekedam Dr Shin Young-soo Dr Dean Shuey
10h00 – 10h15	Coffee/Tea Break / Group Photo	
Session 1	Chairperson: Prof. Sohn Myongsei Vice – Chairperson: Dr Bu Castro Rapporteur: Mr David Clark	
10h15 -12h00	Public Health Law in the Pacific, A Legislator's Companion Introduction Module 1 — Preliminary matters, objects and administration Module 2 — Administration Module 3A — Councils, authorised officers and emergency information Module 3B — Public health plan	Ms Genevieve Howse
12h00 – 13h00	Lunch Break (Conference Lounge)	
13h00 – 14h30	Module 4 — General duty Module 5—Communicable conditions, non-communicable conditions and notifiable diseases Module 6—Management of significant emergencies	Ms Genevieve Howse
14h30 –14h45	Coffee/Tea Break	
14h45 – 16h00	Module 7—HIV and powers for village courts and island courts Module 8—Declarations of local custom for village health Module 9—Miscellaneous Module 10—Negative licensing of health practitioners Discussion	Ms Genevieve Howse
16h00 – 16h30		

	Wrap-Up Summarize 1 st Day Closing	Chairperson / Rapporteur Dr Dean Shuey
18h00 –	Welcome Reception	

DAY 2: Friday, 6 May 2011		
Session 2	Chairperson: Vice – Chairperson: Rapporteur:	Prof. Sohn Myongsei Dr Bu Castro Ms Genevieve Howse
08h00 – 09h30	Framework Module 1 Discussion of Goals and Objectives of the Framework	Dr So Yoon Kim
09h30 – 10h30	Framework Module 2 Discussion on the best possible method of developing the framework	Dr So Yoon Kim
10h30 – 10h45	Free flowing coffee will be available	
10h45 – 12h00	Framework Module 3 Determine and assign country focal points and/or advisors. Discussion on specific aspects of framework development and management	Dr So Yoon Kim
12h00 – 13h00	Lunch (Conference Lounge)	
13h00 – 14h00	Framework Module 4 — General duty Discussion on timeline for developing the framework and identify next steps to take.	Dr So Yoon Kim
14h00 – 15h00	Wrap-Up Conclusions/Recommendations	Chairperson / Rapporteur
15h00– 15h30	Closing Remarks	Dr Dean Shuey

Meeting Agenda and Guideline

Day 2: Friday, 6 May, 2011

Discussion Point

WHO is proposing to develop a new framework to analyze public health law. This new framework is expected to provide the means for countries and individuals to evaluate the status of country-level public health law and legislation. The framework will be developed to embrace the policies of WHO and will provide an innovative legal approach to the WHO policies and agendas as well as a means for cross country comparison. The expert panel is invited to this meeting to advise and agree on the objectives and methods of the development of this framework.

During Framework Module 1 which is scheduled from 08:30 to 09:30 AM, the expert panel in this meeting are expected to agree on the goal and objective of the framework and its development. Once the goal and objective is clearly identified, discussions of whether it is feasible to meet the agreed goal and objective should be made.

During Framework Module 2 which is scheduled from 09:30 to 10:30 AM, the experts will discuss and deliberate on the best possible method of developing the framework.

During Framework Module 3 which is scheduled from 10:45 AM to 12:00 PM, the experts will discuss the specific details of the development methods which will include determining and assigning of country focal points and/or advisors and other specific aspects of framework development and management.

During Framework Module 4 which is scheduled from 02:30 PM to 03:15 PM, the experts will discuss and agree on the timeline for developing the framework. They will decide on the immediate next steps and their time limits.

Wrap-up session will follow, with conclusions and recommendations. Meeting will draw to an end with the closing remarks of Dr. Dean Shuey.

Expected Output

The expected output of this meeting is to:

- agree on the goal and objective of the framework
- evaluate the feasibility of the of the framework and its development
- decide on the best possible method of developing the framework.
- agree on specific details of the development methods
- create timeline for developing the framework.

Module 1

08:30 – 09:30 AM

Summary

The expert panel is expected to agree on the goals and objectives of the framework and its development. Once the goals and objectives are clearly identified, discussions on whether it is feasible or not to meet the agreed goals and objectives should be made. The expert panel should discuss how the framework could embrace the core value of WHO and if cross country comparison and contrast could be made by the use of the framework.

Discussion Points

Discussion Points	Reference
1. What is <i>the framework for analysing public health laws and regulations in a country?</i> - What is Public Health Law? - What is an analysis tool? - What is the framework?	
2. What are the visions, goals and objectives of the framework? Is it: - to assist countries in assessing the quality of existing public health law and legislation? - to allow cross country comparison and contrast? - to assess if the existing public health law aligns with WHO policy?	Annex 1
3. What are the core values and the key policies of WHO that will be incorporated into the preparations of the framework?	Annex 2

Module 2

09:30 – 10:30 AM

Summary

The experts will discuss and deliberate on the best possible method of developing the framework. Steps and stages of making the framework should be discussed and agreed on. As an initial step, the experts should discuss and identify the key policies of WHO that will be incorporated to the preparations of the framework.

Discussion Points

Discussion Points	Reference
1. What are the possible methods of developing the framework? Should we use: -qualitative and/or quantitative methods? -key informants? -questionnaires?	
2. What are the steps in implementing the framework?	Annex 3 Annex 4
3. What is the basic format of the framework and how should the key policies be incorporated into it? Will it be based on: - the International Digest of Health Legislations? (if so, how will the categories agree with WHO key policies?)	Annex 5 Annex 6

Module 3

10:45 AM – 12:00 PM

Summary

The experts will discuss the specific details of the development of the methods, which will include determining and assigning of country focal points and/or advisers and other specific aspects of framework development and management.

Discussion Points

Discussion Points	Reference
<p>1. Who are the respondents of the survey?</p> <p>Should they be</p> <ul style="list-style-type: none">- Public Health Law specialists?- Public officials?- WHO country office staff?- from the academe? <p>How should the team be built and what are the inclusion criteria?</p> <p>How should the team be trained and managed?</p>	<p>Annex 7</p>
<p>2. How should the questions be formulated?</p> <p>Should they be:</p> <ul style="list-style-type: none">- open or closed?- categorized into common/specific questions?	<p>Annex 8 Annex 9</p>
<p>3. How should the data be collected?</p> <p>Will they be required to answer the questions only?</p> <p>Will they be required to attach a reference?</p> <p>Will the data be confidential or open to the public?</p> <p>Who will be in charge of managing the data?</p>	<p>Annex 10</p>

Module 4
02:30 – 3:15 PM

Summary

The experts will discuss and agree on the timeline for developing the framework and decide on the next immediate steps and their time limits. Some examples will be given as a reference.

Discussion Points

Discussion Points	Reference
1. How should we plot the timeline?	
2. What are the next immediate steps?	
3. How should we prepare for the upcoming meeting in October?	