

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



REPORT

**WORKSHOP ON HEALTH LEGISLATION IN
PACIFIC ISLAND COUNTRIES**

**Nuku'alofa, The Kingdom of Tonga
23-27 October 2000**

**Manila, Philippines
November 2000**

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REPORT

WORKSHOP ON HEALTH LEGISLATION IN
PACIFIC ISLAND COUNTRIES

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 Workshop on Health Legislation in Pacific Island Countries 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 Workshop on Health Legislation in Pacific Island Countries which was held in Nuku'alofa, The Kingdom of Tonga, from 23 to 27 October 2000.

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Key words:

Health legislation./Environmental Health./Food Health care financing./Health Practitioners./Mental Health./Pharmacy./Public Health./Therapeutic Goods

SUMMARY

The Division of Health Sector Development of the World Health Organization Regional Office for the Western Pacific (WPRO) conducted a workshop on health legislation in Pacific island countries in Nuku'alofa, The Kingdom of Tonga from 23 to 27 October 2000. The workshop was attended by 17 participants from eight Pacific island countries. Each country was invited to send two participants to the workshop; ideally one key person from the Ministry of Health whose work includes the identification of health legislation needs, and one key person, a lawyer, with experience in drafting legislation for the country. It was anticipated that the lawyer was unlikely to be based within the Ministry of Health of the country, as the legal resources of many Pacific island countries are often based within the Attorney General's department, Crown Law Office or the Ministry of Justice.

Objectives emphasized that all participants complete the workshop with:

1. a clear understanding of basic legislative principles;
2. an appreciation of the importance of, and need for, health legislation and of the essential components of key health legislation;
3. improved knowledge and ability to identify areas of the health sector that may require regulation; and
4. enhanced ability to develop effective and appropriate proposals for legislative change.

In addition, the structure of the workshop, and the selection of the participants, provided the opportunity for strengthening of working relationships between the Ministry of Health personnel and legal officers. It also allowed for the development of links between Pacific island countries, facilitating the formation of informal networks that may enhance the exchange of information on health legislation between Member States.

The workshop included lectures, plenary working activities, discussion groups and country group exercises and activities. Participants completed evaluations of the workshop which indicated that they considered all objectives to be achieved.

1. INTRODUCTION

Background information

Most Pacific island countries are faced with difficulties in the development, updating and implementation of health legislation, mostly for the following:

- Recent changes in social expectations, professional practices, international health agreements, trade agreements and technology require ongoing updating of legislation, and it can be difficult to keep abreast of such changes.
- Pacific countries are small and the staff working within the Ministries of Health often do not include those who are legally qualified. Frequently, legal expertise is drawn from the Attorney General's department, Crown Law Office or the Ministry of Justice and the lawyers often do not have a detailed knowledge of issues pertaining to health. As legal officers are often required to draft legislation in response to requests from a range of ministries, there is little opportunity for a close working relationship to exist between the legal staff and the officials from the Ministry of Health.
- On occasion, there is a reluctance to propose new legislation or changes to current legislation because of perceived difficulties in drafting or submission of the legislation to the legislative process. The need for legislation to act as a tool in the implementation of health policy is sometimes not well understood or appreciated.
- Health legislation does not always reflect the level of resources available in the country and it is not tailored to ensure that it can be implemented effectively. There may be poor implementation of legislation, sometimes due to a lack of training, but often due to poor legislative design.

These problems are common across many countries. The Division of Health Sector Development of the Western Pacific Regional Office of the World Health Organization thus recognised an opportunity to seek to improve the capacity of key staff in the Ministries of Health and those dealing with legislative drafting by way of a five-day workshop. For staff in the Ministries of Health, the intention was to provide a recognition of legislation as an essential tool to implement health policy; the intention was to provide up-to-date approaches to health legislation and an appreciation of the legal staff, either working within, or without, a Ministry of Health, with the legislative process underpinning a health policy. The workshop was designed to encourage a cooperative and collaborative inter-ministry approach which could be continued in the future.

1.1 Objectives

To ensure that participants will have, at the end of the workshop:

- (1) acquired a clear understanding of basic legislative principles;
- (2) acquired an understanding of the importance of, and need for, health legislation, and an understanding of the essential components of key legislation;

- (3) improved their knowledge and ability to identify areas of the health sector that may require regulation as well as to develop effective and appropriate proposals for legislative change;
- (4) strengthened the working relationship between the Ministry of Health and other relevant government departments responsible for legislative advice and drafting; and
- (5) developed links with key personnel in other Pacific countries, enabling them to develop an informal network, which will enhance the exchange of information on health legislation between Member States.

1.2 Participants and resource persons

The workshop had 17 participants from eight Pacific island countries and areas: the Cook Islands, *French Polynesia*, Kiribati, Niue, the Solomon Islands, the Kingdom of Tonga, Tuvalu and Vanuatu. A full list of participants, the consultant, temporary advisers, observers and the WHO secretariat is included as Annex 1.

1.3 Organization of the workshop

The workshop was designed to ensure a cooperative and collegial working environment, with participants working together in intercountry activities, and in-country groups, following plenary sessions. The plenary sessions were conducted by the consultant, the temporary advisers, and members of the secretariat, either individually or in combination with others. The format of sessions was not prescribed to allow for a variety of approaches and contributions. Each party conducting a session was required to devise either small group or large group working exercises designed to facilitate full participation and an interactive learning environment. The programme in grid format appears as Annex 2.

Substantive legislative topics covered:

- a. health care financing,
- b. pharmacy and therapeutic goods law,
- c. mental health law,
- d. public health law, and
- e. health practitioners law.

Consideration of public health law included matters relating to communicable diseases, particularly tuberculosis, food safety law and environmental health law.

The identification of the most urgent health legislation issue facing each individual country was explored both at the beginning and end of the workshop, with some participants re-defining the most urgent issue as a consequence of consideration of issues raised by the workshop.

Once the most urgent issues were specified, participants were asked to present the chosen issue, giving cogent arguments for the choice, and were given assistance to draft appropriate

terms of reference seeking legislative change. Emphasis was placed upon the provision of legislative resources and background information required to equip those drafting and advising legislative change to implement health policy.

1.4 Opening and closing ceremonies

Dr Viliami T. Tangi, Honourable Minister of Health of the Kingdom of Tonga, welcomed the participants to the Kingdom and to the workshop, the first of its kind in the Region. Dr Tangi expressed his appreciation of the use of health legislation as a tool to implement health policy. The opening remarks of the Regional Director of WHO Regional Office for the Western Pacific Region, Dr S. Omi, were delivered on Dr Omi's behalf by Dr Devi Shrestha, Country Liaison Officer to Tonga. Dr Omi expressed his gratitude to the Government of the Kingdom and the Honourable Minister of Health for their recognition of the place and role of health legislation in the development and provision of health services. He expressed sincere appreciation of the Government of Japan in providing the funding for the workshop. In acknowledging that the workshop was the first of its kind in the Region, Dr Omi expressed his desire that the workshop produce and enhance enduring friendship and cooperation across the health and legal sectors that could be taken back to Member States and utilised in the future. He hoped that the workshop would be a blueprint for assistance that the Region can provide in the future to countries in need of increasing health legislation capacity. Dr Omi's remarks are provided as Annex 3.

The closing ceremony was conducted by Dr Graham Harrison, Regional Adviser, Health Sector Development. The participants thanked WHO, the consultant, the temporary advisers and the secretariat for their work and support in the provision of the workshop, and expressed the wish that such work be continued.

2. PROCEEDINGS

The workshop was held from 23 to 27 October 2000, for a total of five days. Following the opening ceremony on the first day, the introductory session was conducted in a plenary setting and contained an overview of the importance of health legislation, and a lecture on the importance of patients' rights. All presenters encouraged comments and questions, and conducted group activities following presentations. An important activity on the first day was the identification, by individual countries, of the most urgent health legislation issue facing each country. The day concluded with a plenary address on health care financing.

The second day commenced with a session characterising good pharmacy and therapeutic goods law. An intercountry group activity then involved the production of a reference list of key elements to be covered in legislation dealing with the import, export, keeping and sale of therapeutic goods, including appropriate consideration of the United Nations Conventions relating to narcotics and psychotropic substances.

The next substantive area considered was mental health law, with discussion focussed on the need for consistency between legislation and practice, within the limits of the resources available in a given country. The day concluded with a plenary lecture and discussion relating to good public health law, and subsequent discussions focussed upon avoiding difficulties with implementation of such a law.

On the third day, there was continued consideration of particular aspects of public health law, including communicable disease law and food safety law. Time previously designated as "free" was utilised for a field trip to Vaiola Hospital, the main hospital on the island of Tongatapu where Nuku'alofa is located, and to the health centre at Kolombi.

The morning of the fourth day included a lecture, discussion and exercise relating to environmental health law. That afternoon, consideration was given to the characteristics of good health practitioners law, and an active discussion of the importance of the provision of a system whereby practitioners are not only initially accredited but are required to prove that continued accreditation is warranted. Participants were able to consider alternative ways of regulating health professionals and were asked to justify the continuation of the status quo within their own system. In producing their arguments, the participants were able to identify the shortcomings of the systems and considered the appropriateness of the current provisions.

The final day included small group activity in which the participants again addressed the issue of the most urgent health legislation issue facing their own countries. Each country representative was asked to present the issue, indicative whether the identification had changed as a consequence of issues raised by the workshop, and explain why the issue was considered to be the most urgent. In country groups, terms of reference were then produced which could be used as instructions to draft legislation to address the issue. The results of this work were presented at the afternoon session, prior to the evaluation and summing up. The afternoon concluded with the closing ceremony.

3. CONCLUSIONS

3.1 Workshop design

3.1.1 The consultant, temporary advisers and the secretariat felt that there were important legislative issues which were unable to be dealt with within the workshop timeframe. Some participants identified areas such as tobacco control and noncommunicable diseases as issues for their countries. If a larger range of issues is to be covered in a future workshop, then the timeframe would require expansion.

3.1.2 Some participants indicated a need for more time for plenary discussion. To provide such opportunity would require either condensing of topics, or a longer workshop.

3.2 Achievement of objectives

3.2.1 All those who evaluated the workshop concluded that the objectives had been met. In only one case was it concluded that the working relationship between the Ministry of Health and the legal sector had not been enhanced. However, no conclusion could be drawn as to the reason of this because the respondent did not identify him or herself.

3.2.2 At the final session of the workshop, all participants contributed to explain their perception of the most urgent health legislation issue of their own countries. There was a clear understanding of an appreciation of health legislation as a tool and a recognition that good health legislation can only result from good health policy, and good health logistics is a means of implementing that policy.

3.3 Future activity

3.3.1 On average, participants expressed a desire to attend such workshops every two years. However, there are several countries within the Region which were unable to participate in this initial workshop. Thus, there is a demand both for the original opportunity and for repeat opportunities.

3.3.2 The Division of Health Sector Development recognises the need for another workshop to be held in the Region in 2001, so that the initial opportunity to participate might be available to other countries.

3.3.3 Participants at the workshop indicated that there was a need for pro-active and in-country legislative assistance to be provided by WHO to many Member States. WHO will follow up with Member States to request them to identify health legislation issues with which they require assistance.

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PROVISIONAL AGENDA

1. Opening ceremony
2. Introductory session
3. Session I – Health care financing
4. Session II – Characteristics of good pharmaceuticals and therapeutic goods
5. Session III – Characteristics of good mental health law
6. Session IV – Characteristics of good public health law
7. Session V – Characteristics of good public health law
8. Session VI – Characteristics of good health practitioners law
9. Session VII – Identify issues and propose terms of references
10. Closing ceremony