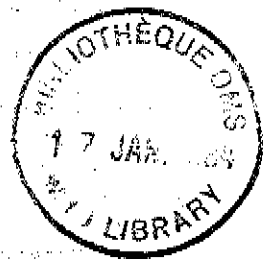




SEVENTH GENERAL PROGRAMME OF WORK
COVERING THE PERIOD 1984-1989

*WHO Programme 3.4 - Med. Term Programme
Regis. Health*



Global Medium-Term Programme

Programme 3.4

HEALTH LEGISLATION

The strengthened health legislation programme, at global and regional levels, is geared towards the delivery to Member States of an integrated range of information transfer and technical cooperation activities, all aimed at helping to ensure that the legislative element of the health system infrastructure at the national level is aligned with national needs and capacities. In this sector WHO will endeavour to make available to countries the information needed to resolve problems and, in appropriate instances and on request, will seek to strengthen national capacities to act decisively to align legislation with new health policies collectively endorsed by WHO's Member States and adopted nationally. The Organization will draw on suitable external sources of expertise wherever these can be identified, and will also foster technical cooperation based on the principle that much can be gained by the bilateral and multilateral sharing of information and experiences between countries at diverse stages of development. Linkages with other programmes concerned with health system infrastructure or with health science and technology will be based on the philosophy that many such programmes need legislative underpinning at the national level, while legislation itself must be a true expression of health policy.

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GLOBAL MEDIUM-TERM PROGRAMME FOR HEALTH LEGISLATION

1. Introduction and policy basis

The Global Strategy for Health for All by the Year 2000, adopted by resolution WHA34.36, draws attention to the possible need for new or revised legislation in order to carry out essential health reforms. In this respect, the Strategy may be regarded as addressing a key problem identified by the World Health Assembly in resolution WHA33.28, namely the fact that "obsolete health legislation may constitute an obstacle at the national level to the attainment of health for all". The Seventh General Programme of Work states that health legislation is often required to enable new health policies to be defined and implemented, and notes that the need for new and revised legislation is often recognized too late. It also affirms that legislation may often have a significant supportive role to play in many fields of health science and technology, such as national drug policies, maternal and child health, mental health, workers' health, and promotion of environmental health (including food safety). The role of legislation in promoting the health of groups at risk, such as pregnant women, the disabled and the elderly, has been widely recognized, as has the potential contribution of a legislative component in national strategies to combat smoking, drug abuse and certain categories of accidents. An appropriate legislative basis is, moreover, essential if the various categories of health manpower are to provide health care in a manner that is suited to their training as well as to community needs and priorities.

2. Situation analysis

Many of the developing countries formerly had a colonial status and, on gaining independence, inherited health laws and regulations now recognized to be partly or totally inappropriate to their current social, political, economic, and even in some cases cultural and geographic circumstances; intersectoral coordination needed to support the primary health care approach to the organization of health services is frequently weak; and the "thinking of the health sector does not always coincide with that of the agencies responsible for framing, amending, and applying the pertinent legislation" (the quotation dates from 1973 but is still relevant for many countries).¹ Many of the developing countries, as well as at least some of the developed countries, also have inadequate or obsolete health legislation as regards: the health care coverage of the entire population; policies for disease prevention and health promotion; intersectoral cooperation between different ministries and agencies in the formulation and implementation of legislation; and comprehensive strategies for dealing with biological, chemical and other hazards in the human environment.

In the course of 1978-1979, WHO conducted in-depth studies on certain aspects of the status of health legislation at the national level; information covering approximately 100 countries was obtained and analysed. The results of this endeavour clearly demonstrated that in many developing countries the critical mass of expertise and information needed to resolve problems in the health legislation sector is lacking and that, while self-reliance is a reality or at least readily attainable in some countries, there is no alternative in a substantial number of countries to appropriately conceived and well-executed technical cooperation and training programmes.

¹ PAHO. Ten-Year Health Plan for the Americas: Final Report of the III Special Meeting of the Ministers of Health of the Americas. Washington, DC, 1973, p. 96.

Can "model legislation" help to fill the gap? The answer seems to be that it may sometimes be useful in specific, highly technical areas, but is usually an unsatisfactory tool for effecting fundamental reorientations in health policy in line with the PHC approach (although guidelines identifying issues to be addressed and resolved may be of value). These reservations regarding model texts do not apply to genuinely relevant and preferably analysed information on other countries' approaches and experiences - there is strong evidence that national capacities to identify needs and formulate solutions can be enhanced by the ready availability of a comprehensive and up-to-date information base. WHO has endeavoured in recent years to ensure that the information needed by countries reaches them in the most rational and effective manner possible. Some countries have now, with WHO support, initiated programmes to review what is often a plethora of outdated and irrelevant legal texts and establish a process for bringing their health legislation into line with their new health orientations and policies. More needs to be done to stimulate this process.

The developed, industrialized countries do, in general, possess the expertise and experience needed to identify and resolve their problems in the health legislation field; sharing of information and exchange of experiences can, however, avoid costly and duplicative efforts to seek adequate solutions to such key issues as cost containment in health services, the control of toxic chemicals, hazardous wastes and other environmental risk factors, the development of national drug policies, the promotion of healthy life-styles, the strengthening of preventive health services, and the more effective protection of human rights in the health sector. Both developed and developing countries are concerned with such far-reaching issues as how legislation could contribute to the effective organization (or reorganization) of health systems based on primary health care.

Current efforts to promote technical cooperation between countries in the same or different regions in finding practical legislative solutions to specific problems in health policy need to be intensified and broadened to cover "core" issues such as alternative approaches to the organization of health systems based on primary health care.

Such efforts would be enhanced if the WHO network (headquarters, regional offices, WPCs and staff at country level) was more effective than at present in identifying and collecting important new legislation related to health and relevant to Health for All/Primary Health Care in Member States.

This section would be incomplete if it failed to take account of the fact that in the field of legislation in particular a given target is not truly attained merely by the passing of a statute or issuance of regulations, no matter how appropriate and relevant to national needs. What is fundamental is the actual implementation of legislation; it must be acknowledged that in this domain political will, community acceptance, and manpower and other resources are fundamental and basically dependent on national action rather than international programmes (though the latter can undoubtedly provide valuable pointers on the kind of approaches to implementation that may prove successful at the national level).

It should of course also be recognized that an enforceable legislative framework is not necessarily a prerequisite for national health development based on primary health care. In some regions, legislative activity in this domain has been particularly manifest and this is perhaps one explanation why the programme is at different stages of development in the different regions, as reflected in planned activities.

3. Objective

The programme's objective is to support and foster national efforts to formulate and implement health legislation that is in harmony with, and supportive of, national strategies for health for all.

4. Targets

This programme's activities aim at fostering national and international action so that by 1989 most countries will have health legislation that facilitates the attainment of their health objectives, particularly through the development of primary health care and other supporting components of a comprehensive health system.

In order to reach the above target, the following specific targets have been formulated:

Specific Target 1 - Technical cooperation with Member States: By 1989, most countries will have formulated the health legislation needed to support their HFA strategies.

Specific Target 2 - Information exchange: By 1989, an efficient system for the international exchange of relevant information on health legislation will be fully operational and readily accessible to Member States.

5. Approaches

The following will be the principal approaches:

- 5.1 Technical cooperation with Member States in efforts to strengthen national capacities to formulate health legislation required for their national health systems in line with HFA policies. Particular attention will be paid to supporting countries in introducing national legislation that may be required to carry out policies that have been collectively endorsed in the World Health Assembly.
- 5.2 Encouragement of countries to strengthen existing mechanisms for identifying and drafting necessary legislation, whether in ministries of health or justice or the like, as well as to use other mechanisms such as national health councils and development networks.
- 5.3 Development of guidance for legislation aimed at extending health coverage to the entire population, providing for a more rational distribution of resources between preventive and curative activities, and ensuring the necessary infrastructure, resources and manpower for the essential elements of PHC; such guidance will be developed in close consultation with the relevant technical programmes.
- 5.4 The promotion of the international exchange of health legislation that has been analysed by the WHO Secretariat and by a network of collaborating agencies and institutions. The primary mechanism for such exchange will continue to be the International Digest of Health Legislation. Particular attention will be given to disseminating information on legislation that facilitates the introduction of promotive and preventive health measures, is conducive to healthy life-styles, ensures greater equity in access to

health care, reorients the health budget towards more relevant technologies, supports the development of new types of health workers where necessary, and facilitates the employment of traditional practitioners and birth attendants, where applicable.

- 5.5 Use of existing facilities in developed countries and centres of expertise in developing countries to initiate and foster programmes for the training of national experts in health legislation.
- 5.6 Drawing on international expertise, possibly through the mechanism of an expert committee on health legislation, for formulating recommendations on health legislation in support of HFA.
- 5.7 Identification, in close consultation with technical programmes and national experts, of priority issues in health legislation and commissioning comparative studies thereon.
- 5.8 Subject to available resources, conducting (1) analyses of trends in health legislation, and (2) evaluations of the relevance and impact of legislative measures for dealing with specific health problems (e.g. by monitoring literature on the effectiveness of legislation as a means of altering harmful practices - as in the smoking, alcohol consumption and infant feeding fields).
- 5.9 Cooperation with technical programmes by providing legislative input as required, thereby contributing to their impact on health status.

6. Activities

Details of specific activities during 1984-1989, classified according to the specific targets mentioned in section 4, are given below.

SPECIFIC TARGET 1 — Technical cooperation with Member States: By 1989, most countries will have formulated the health legislation needed to support their HFA strategies.

Activities	1984-1985	1986-1987	1988-1989	Linkages ¹
<u>Strengthening of national capacities</u>				
1. Support countries in strengthening their national capacities in the health legislation sector:				
- identification of national needs	AFRO, EMRO, SEARO, WPRO, HQ			MPN, PHC, HMD
- encouragement of cooperation in health legislation between countries and groups of countries	regions and HQ			
- promotion and support of intercountry collaboration in health legislation, particularly in the formulation and exchange of experience in regard to application of laws supportive of PHC	SEARO			PHC
- promotion of adoption of legislation to support changes in health systems and services	AMRO			
- studies of current problems in health legislation, on high-priority topics selected for their relevance to HFA strategies	HQ			Technical programmes
- regional meetings of health administrators to exchange information on methods for reviewing, updating and implementing health laws, particularly those promoting the PHC approach	SEARO		SEARO	PHC
2. Surveys and reviews of health legislation in the regions:				
- surveys in WPR countries and of needs in these countries	WPRO			MPN
- review of situation of health legislation in EMR countries	EMRO			MPN
- national meetings to review existing legislation and develop strategies for its updating	SEARO			
3. Evaluation of impact of health legislation on health systems and selected health policies	EURO, SEARO			EURO technical programmes (on ad hoc basis)
4. Analysis of trends in health legislation in specific areas of health policy	EURO, HQ			All EURO technical programmes
<u>Formulation of guidance on legislative issues</u>				
5. Development of guidance on legislation governing health manpower (including training and conditions of service)	AMRO, EMRO			IBD
6. Development of guidelines for assessment of legal status of community health workers	AMRO			HMD

¹ Further details of linkages will be introduced into this table subsequently.

Activities	1984-1985	1986-1987	1988-1989	Linkages
7. Development of new legislative strategies to regulate activities of new categories of health manpower concerned with PHC	<u>SEARO</u>		<u>SEARO</u>	HMD, PHC
8. Formulation of check-lists on legislative implications of specific resolutions of governing bodies dealing with technical matters	<u>HQ and regions, as appropriate</u>			Technical programmes
<u>Training activities¹</u>				
9. Organization of national training programmes for lawyers and public health personnel	<u>AFRO</u>			
10. Promotions of training courses in health legislation in public health and nursing schools	<u>AFRO</u>			
11. Preparation of directory of training programmes in health legislation in the region	<u>EURO</u>			
12. Convening of workshop to develop legislative component of training courses for public health administrators	<u>EURO</u>			
13. Organization of international course on health legislation, designed to promote the optimal use of legislative mechanisms in attaining HFA	<u>EURO</u>		<u>EURO, HQ (global course)</u>	
14. Fellowships and study visits in health legislation		<u>EMRO</u>		
<u>Advisory bodies and external collaboration</u>				
15. Development of network of collaborating centres and creation of expert advisory panel	<u>HQ and regions, as appropriate</u>			
16. Possible convening of informal consultation	<u>HQ, regions</u>			
17. Possible convening of expert committee on health legislation			<u>HQ, regions</u>	
18. Convening of (Regional) Advisory Committee on Health Legislation	<u>EURO</u>			
19. Cooperation with UNEP in implementation of relevant environmental law components of UNEP's "System-Wide Medium-Term Environment Programme"	<u>HQ, countries</u>			EHE, LEC

¹ There is a possibility of other training activities being undertaken in 1986-1989 by AMRO, EMRO, SEARO, and WPRO.

SPECIFIC TARGET 2 — Information exchange: By 1989, an efficient system for the international exchange of relevant information on health legislation will be fully operational and readily accessible to Member States.

Activities	1984-1985	1986-1987	1988-1989	Linkages
1. Continued publication of the IDHL in English and French editions, on the basis of principles set forth in Director-General's report (1980) and resolution EB65.R13; continued operation of information transfer activities based on strategies formulated in that report, in cooperation with regional offices and network of national, regional and international centres				WHO technical programmes and global network of institutions and individuals
2. Continuous investigation of improved methods for collection and analysis of legislative information				ISS
3. Operation of computer-based clearinghouse system for monitoring and reporting on significant new and amended health legislation in EUR countries				
4. Cooperation with mass media and social organizations with a view to disseminating information on health legislation to the public	AFRO			
5. Compilation and analysis of information on alternative approaches to the organization of health systems based on PHC (legislative and policy aspects)				PHC, LMS
6. Reporting on studies on existing legislative measures for assuring equity in access to health care	EURO			
7. Reporting on studies on mechanisms for facilitating an intersectoral approach to health legislation at national level			EURO	

7. Programme management and resources

The emphasis will be placed on mutually supportive activities involving global and regional staff, guided by the philosophy that information transfer and technical cooperation activities are interlinked and interdependent. Effective technical cooperation cannot be realized without relevant information, and information exchange without a thorough understanding of national needs identified by technical cooperation will be less than optimally effective. Approximately two-thirds of WHO's Member States still fail to comply fully with Article 63 of the Constitution, thereby depriving other Member States of rapid access to what may well be important and innovative approaches to the resolution of key health problems, and even to the achievement of health for all. Every effort will be made, within existing resources, to stimulate countries to ensure the timely communication of information to WHO.

At both the global and regional levels, the programme will be managed in close cooperation with other programmes concerned with the health system infrastructure, while bearing in mind that many health science and technology programmes may well be dependent on a legislative framework for effective delivery in at least some national contexts. The capacity of WHO to respond to needs at the country level has been significantly strengthened in recent years by the nomination of focal points for the programme in each of the regional offices and, in particular, the appointment of staff with full-time (as in EURO) or part-time (as in AFRO) responsibilities for health legislation.

Global and regional staff (including WPCs) will endeavour to trace developments in health legislation at the national level that have benefited from WHO input. There is little doubt that WPCs could play a more active role in the programme by alerting governments to what WHO has to offer in this sector and by informing regional offices and headquarters of important new developments in health legislation.

WHO will seek to prepare rosters of experts, institutions and nongovernmental organizations capable of analysing and identifying possible solutions to problems in the reorientation of health legislation while taking full account of specific national needs and capabilities; substantial emphasis will be placed on the gradual establishment of a formally constituted network of collaborating centres and on the creation of a panel of appropriately attuned experts on health legislation.

Extrabudgetary resources (which could well include seconded national experts) will certainly be needed if all the approaches enumerated in Section 5 are to be systematically applied and if current and foreseeable future needs in this sector are to be fully met. These resources will essentially be channelled through the regional offices in view of their more ready access to information on the specific legal frameworks of, and health problems and policies in, individual countries.

If and when an expert advisory panel is established, that body's functions could well include the provision of advice on how best to promote bilateral and other forms of technical cooperation (e.g. the encouragement of twinning arrangements between institutions and collaborative links between individuals in developed and developing countries). Guidance on the orientation of the health legislation programme of the Regional Office for Europe will continue to be provided by its Advisory Committee on Health Legislation, which is scheduled to hold its second and third meetings in 1984 and 1987 respectively.

8. Monitoring, evaluation and indicators

The programme will be evaluated as comprehensively as possible in relation to each of the targets mentioned in Section 4. In the evaluation process, it will of course be borne in mind that other programmes may well have contributed to the actual policy decisions that gave rise to the need for new legislation. For policy and legislation are part of the same continuum, legislation being merely the principal vehicle whereby national orientations are endorsed and formulated in a binding manner by the executive or legislative branch of the government or at the ministerial or other appropriate level.

Particular attention will be paid to legislative texts that enshrine the health for all principle, that are indicative of a strong commitment to some or all of the essential elements of primary health care, that provide for community involvement in health development and decision-making, or that implement resolutions adopted by WHO's governing bodies.

With regard to information transfer, a useful mass of quantitative data on the utility of this WHO activity was compiled in 1978 by means of consultant visits to selected countries in all regions and by a questionnaire addressed to all Member States (both activities were developed in response to resolution WHA30.44); the information collected - from approximately 100 countries - will serve as a useful baseline in the event of such an exercise being repeated. Yet it must be recognized that 1988 may well be the earliest opportune time to do so because of the burden such activities impose on Member States. Given the complex methodology whereby health legislation is generally drafted, and the frequent involvement of ministries other than the health ministry, there would seem to be no other realistic and objective way of determining the true impact of information exchange activities. The mere transmission of information, however relevant, provides no guarantee that it will be used. Nor is even the best draft prepared by the most sensitive consultant in a spirit of true technical cooperation of value unless it is adopted and implemented in a manner consonant with national needs and priorities.

In searching for appropriate indicators to determine the effectiveness of technical cooperation activities, it may prove useful to determine the approaches used by other agencies in the UN system that engage in parallel activities in their own spheres (e.g. FAO, ILO, IMO, and UNEP).

9. Linkages

There will be close cooperation between the programme and other programmes concerned with health system infrastructure, particularly the managerial process for national health development, organization of health systems based on primary health care, and health manpower. At the same time, every effort will be made to continuously strengthen existing and create new links with health science and technology programmes (those grouped under protection and promotion of the health of specific population groups as well as protection and promotion of mental health, promotion of environmental health, diagnostic, therapeutic and rehabilitative technology, and disease prevention and control).

For certain activities, implementation of international aspects will lead to closer linkages with appropriate programmes. This will be the case, for example, with the promotion of environmental health programme in regard to elements of the environmental law component of UNEP's "System-Wide Medium-Term Environment Programme (1984-1989)". In this particular instance, linkage will also need to be established with the Office of the Legal Counsel.

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