

EXCERPTS FROM THE TRANSITIONAL GOVERNMENT'S PROCLAMATION NO 41/1993 AND HEALTH POLICY

In this issue we have included two important sources of information of the Transitional Government of Ethiopia (TGE) on health as an additional service for our readers. One of these is proclamation No 41/1993, which defines "The powers and duties of the central and Regional Executive Organs of the Transitional Government of Ethiopia " from which, we have extracted only those parts of the proclamation that relate to health. We advise all health workers to read the full text of the proclamation in the Negarit Gazeta. The other source of information we have included here is the Health Policy of the TGE the full text of which is presented. The Eth. I. of Health Dev. welcomes discussions or comments on either one or both of these important documents hoping that this contributes to better understanding and implementation.

1. Proclamation No 41/1993

This proclamation is effective as of Jan. 20, 1994.

Short title

This proclamation may be cited as the "Definition of powers and Duties of the Central and Regional Executive Organs of the Transitional Government of Ethiopia, Proclamation No. 41/1993." Definitions In this Proclamation:

1. "Regional Self-Government" means a National/Regional Self-Government established pursuant to proclamation No. 7/1992;
2. "Regional Executive Committee" means a National Regional Executive Committee established in accordance with Article 15/1/b/ of Proclamation 7/1992

Common Powers and Duties of Ministries Each Ministry shall:

I. in its field of activity:

- a. initiate policies, prepare plans and budget and, upon approval, implement same;
- b. ensure the enforcement of laws, regulations and directives of the Central Government;
- c. undertake studies and research; collect and compile statistical data;
- d. give assistance and advice to Regional self-Governments, and follow up the proper implementation of Laws, regulations and directives by their executive organs;
- e. enter into contracts and international agreements in accordance with the law;

2. perform the duties specified in this Proclamation and such others as are assigned to it by other laws;

3. submit periodic activity reports to the Council of Ministers.

The Ministry of Health

The Ministry of Health shall have the powers and duties to:

1. formulate the Country's public health policies and strategy and, upon approval, follow up and supervise their implementation;
2. prepare and submit draft laws to be issued on public health and supervise their enforcement;

3. establish and 'administer referral hospitals and research centers; provide technical and professional assistance to hospitals, health centers, clinics and research and training centres;
4. determine and supervise standards to be maintained by health services as well as research and training establishments operated in the country by anyone; issue licences to non- governmental hospitals, health services established by foreign organizations and investors in accordance with the policy and law to be issued by the Government and to research and training establishments;
5. determine the qualifications of professionals required for engaging in public health services at various levels; register and issue certificates of competence to medical practitioners and pharmacists;
6. ensure that traditional medicines are investigated promoted, encouraged and utilized side by side with modern medicines and, for this purpose. organize centres for research and experiment;
7. devise and follow up the implementation of ways and means of preventing and eradicating communicable diseases;
8. undertake the necessary quarantine controls to protect public health;
9. undertake studies with a view to determining the nutritional value of foods;
10. prepare and enforce essential drugs' list; control the quality standards of drugs and medical supplies;

11. promote international cooperation relating to health services. Bureaus -Each regional self-government may establish a health bureaus.

Powers and Duties Common To All Bureaus Each bureau shall:

1. in its area of activity:

- a) Prepare and, upon approval, implement plans' and budget; .
- b) ensure the implementation of laws, regulations and directives;
- c) undertake studies and research; collect and compile statistical data; and transmit same to the concerned central executive organ;
- d) enter into contracts in accordance with the law;

2. Perform the duties assigned to it under this Proclamation and other laws

3. Submit to the regional executive organ and to the concerned central executive organ periodic activity reports.

Health Bureau

The Health Bureau shall have the powers and duties to: prepare on the basis of the health policy of

of the country, the health care plan and program for the people of the region and to implement same when approved:

2. ensure the observance in the region of laws, regulations and directives issued pertaining to public health;
3. organise and administer hospitals, health centers, clinics, and research and training institutions to be established by the regional self-government:
4. issue licence to health centers. clinics, laboratories and pharmacies to be established by domestic organizations and investors: supervise to ensure that they maintain standard fixed of the national level:
5. ensure that professionals engaged is public health services in the region satisfy the prescribed standard; and supervise same;

6. cause the application, together with modern medicine, traditional medicines and treatment methods whose efficiency is ascertained;
7. cause the provision of vaccinations and take other measures, to prevent and eradicate communicable diseases;
8. participate in quarantine controls undertaken for the protection of public health;
9. ascertain the nutritional value of foods. Accountability and Responsibility of

Bureau Head Accountability

Each bureau head shall be regards the execution activities programs and laws pertaining to the bureau to which he is assigned shall be accountable to the Executive Committee of the region.

Responsibility

Each Bureau Head Shall:

1. implement the powers and duties entrusted to the Bureau to which this is assigned;
2. submit to the executive committee of the region draft laws necessary for the proper carrying out of the activities of the bureau;
3. effect expenditure on the basis of the approved budget of the bureau. Other Central Government Organs Without prejudice to the provisions of Article 11 of this Proclamation central government organs specified in Article 41 sub-article 4, 8, 9, 11, 12, 13, 14 and 15 of Article Proclamation No. 8/1987 shall continue their functions in accordance with their respective establishment laws. Executive Organs to be Established in Woreda and Other Administrative Levels The powers and duties of the executive organs to be established in Woreda and other administrative levels in each regional self-government shall be determined, consistently with this Proclamation, by the regional self-government. Repeal

The following are hereby repealed:

1. Proclamation No. 8(1987);
2. The National Water Resources Commission Establishment Proclamation No. 217/1981;
3. The Building and Transport Construction Design Authority Establishment Proclamation No.327/1987.

2. Health policy of the Transitional Government of Ethiopia

PREAMBLE

Ethiopia, an ancient country with a rich diversity of peoples and cultures has however remains backward in socio-economic and political development, and in technological advances. Conventional health parameters such as infant and maternal mortality, morbidity and mortality from communicable diseases, malnutrition and average life expectancy place Ethiopia among the least privileged nations in the world. In recent times, the country has experienced severe manmade and natural calamities and political upheavals which have caused untold suffering to its peoples. At no time in the past has the country enjoyed the leadership of a representative government with a defined mandate and accountability. In the field of health there was no enunciated policy up to the fifties. Subsequently, references to the development of health with provision of basic health

services through a network of health centres and health stations and the need to give due attention to prevention alongside curative services could be discerned. Towards those of the Imperial period a comprehensive Health Services Policy was adopted through initiatives from the World Health Organization. However, the downfall of the regime precluded the possibility of putting this scheme to the test. The Dergue regime that came into power in the midseventies formulated a more elaborate health policy that gave emphasis to disease prevention and control, priority to rural areas in health service and promotion of self-reliance and community involvement. But in practice the totalitarian political system lacked the commitment and leadership quality to address and maintain active popular participation. in translating the formulated policy into action. In addition, the bulk of the national resources were committed to the pursuit of war throughout the life of the regime which left little for development activities in any sector .

Therefore, in health as in most other sectors, in both of the previous regimes there was no meeting ground between declaration of intent and demonstrable performance. Furthermore, the health administration apparatus contributed its own share to the perpetuation of backwardness in health development because, like the rest of the tightly centralized bureaucracy, it was unresponsive, self-serving and impervious to change.

The Health policy of the Transitional Government is the result of a critical examination of the nature, magnitude and root causes of the prevailing health problems of the country and awareness of newly emerging health problems. It is founded on commitment to democracy and the rights and powers of the people that derive from it and to decentralization as the most appropriate system of government for the full exercise of these rights and powers in our pluralistic society .It accords appropriate emphasis to the needs of the less privileged rural population which constitute the overwhelming majority of the population and the major productive force of the nation. As enunciated in these articles, it proposes realistic goals and the means for attaining them based on the fundamental principles that health, constituting physical, mental and social well-being, is a prerequisite for the enjoyment of life and for optimal productivity. The Government therefore accords health a prominent place in its order of priorities and is committed to the attainment of these goals utilizing all accessible internal and external resources. In particular the Government fully appreciates the decisive role of popular participation and the development of self-reliance in these endeavours and is therefore determined to create the requisite social and political conditions conducive to their realization.

The Government believes that health policy cannot be considered in isolation from policies addressing population dynamics, food availability , acceptable living conditions and other requisites essential for health improvement and shall therefore develop effective intersectorality for a comprehensive betterment of life.

In general, health development shall be seen not only in humanitarian terms but as an essential component of the package of social and economic development as well as being an instrument of social justice and equity.

Pursuant to the above the health policy of the Transitional Government shall incorporate the following basic components.

GENERAL POLICY

1. Democratization and decentralization of the health service system.
2. Development of the preventive and promotive components of health care.
3. Development of an equitable and acceptable standard of health service system that will reach all segments of the population within the limits of resources.
4. Promoting and strengthening of intersectoral activities .
5. Promotion of attitudes and practices conducive to the strengthening of national self-reliance In health development by mobilizing and maximally utilizing internal and external resources.
6. Assurance of accessibility of health care for all segments of the population.
7. Working closely with neighbouring countries, regional and. international organizations to share information and strengthen collaboration in all activities contributory to health development including the control of factors detrimental to health.
8. Development of appropriate capacity building based on assessed needs.
9. Provision of health care for the population on a scheme of payment according to ability with special assistance mechanisms for those who cannot afford to pay.
10. Promotion of the participation of the private sector and nongovernmental organizations in health care.

PRIORITIES OF THE POLICY

- I. Information, Education and Communication (I.E.C.) of health shall be given appropriate prominence to enhance health awareness and to propagate the important concepts and practices of self-responsibility in health
2. Emphasis shall be given to:-
 - 2.1 the control of communicable diseases, epidemics and diseases related to malnutrition and poor living conditions,
 - 2.2 the promotion of occupational health and safety,
 - 2.3 the development of environmental health,
 - 2.4 the rehabilitation of the health infrastructure and
 - 2.5 the development of an appropriate health service management system.
3. Appropriate support shall be given to the curative and rehabilitative components of health including mental health.
4. Due attention shall be given to the development of the beneficial aspects of Traditional Medicine including related research and its gradual integration into Modern Medicine.
5. Applied health research addressing the major health problems shall be emphasized.
6. Provision of essential medicines, medical supplies and equipment shall be strengthened.
7. Development of human resources with emphasis on expansion of the number of frontline and middle level health professionals with community based, task-oriented training shall be undertaken.
8. Special attention shall be given to the health needs of:-
 - 8.1 the family particularly women and children,
 - 8.2 those in the forefront of productivity,
 - 8.3 those hitherto most neglected regions and segments of the population including the majority of the rural population, pastoralists, the urban poor and national minorities, 8.4 victims of man-made and natural disasters.

GENERAL STRATEGIES

1. Democratization within the system shall be implemented by establishing health councils with strong community representation at all levels and health committees at grass-root levels and to participate in identifying major health problems, budgeting, planning, implementation, monitoring and evaluating health activities.
2. Decentralization shall be realized through transfer of the major parts of decision-making, health care organization, capacity building, planning, implementation and monitoring to the regions with clear definition of roles.
3. Intersectoral collaboration shall be emphasized particularly in:
 - 3.1 Emiching the concept and intensifying the practice of family planning for optimal family health and planned population dynamics.
 - 3.2 Formulating and implementing an appropriate food and nutrition policy.
 - 3.3 Accelerating the provision of safe and adequate water for urban and rural populations,
 - 3.4 Developing safe disposal of human, household, agricultural, and industrial wastes, and encouragement of recycling.
 - 3.5 Developing measures to improve the quality of housing and work premises for health.
 - 3.6 Participating in the development of community based facilities for the care of the physically and mentally disabled, the abandoned, street children and the aged.
 - 3.7 Participating in the development of day-care centres in factories and enterprises, school health and nutrition programmes,
 - 3.8 Undertakings in disaster management, agriculture, education, communication, transportation, expansion of employment opportunities and development of other social services.
 - 3.9 Developing facilities for workers' health and safety in production sectors.
4. Health Education Shall be strengthened generally and for specific target populations through the mass media, community leaders, religious and cultural leaders, professional associations, schools and other social organizations for:
 - 4.1 Inculcating attitudes of responsibility for self-care in health and assurance of safe environment .
 - 4.2 Encouraging the awareness and development of health promotive life-styles and attention to personal hygiene and healthy environment.
 - 4.3 Enhancing awareness of common communicable and nutritional diseases and the means for their prevention.
 - 4.4 Inculcating attitudes of participation in community health development.
 - 4.5 Identifying and discouraging harmful traditional practices while encouraging their beneficial aspects.
 - 4.6 Discouraging the acquisition of harmful habits such as cigarette smoking, alcohol consumption, drug abuse and irresponsible sexual behaviour.
 - 4.7 Creating awareness in the population about the rational use of drugs.
5. Promotive and Preventive activities shall address:
 - 5.1 Control of common endemic and epidemic communicable and nutritional diseases using appropriate general and specific measures.
 - 5.2 Prevention of diseases related to affluence and ageing from emerging as major health problems.
 - 5.3 Prevention of environmental pollution with hazardous chemical wastes.

6. Human Resource Development shall focus on:

6.1 Developing of the team approach to health care.

6.2 Training of community based task-oriented frontline and middle level health workers of appropriate

professional standards; and recruitment and training of these categories at regional and local levels.

6.3 Training of trainers, managerial and supportive categories with appropriate orientation to the health service objectives.

6.4 Developing of appropriate continuing education for all categories of workers in the health sector .

6.5 Developing an attractive career structure, remuneration and incentives for all categories of workers within their respective systems of employment.

7. Availability of Drugs, Supplies and Equipment shall be assured by:

7.1 Preparing lists of essential and standard drugs and equipment for all levels of the health service system and continuously updating such lists.

7.2 Encouraging national production capability of drugs, vaccines, supplies and equipment by giving appropriate incentives to firms which are engaged in manufacture, research and development.

7.3 Developing a standardized and efficient system for procurement, distribution, storage and utilization of the products.

7.4 Developing quality control capability to assure efficacy and safety of products.

7.5 Developing maintenance and repair facilities for equipment.

8. Traditional Medicine shall be accorded appropriate attention by:

8.1 Identifying and encouraging utilization of its beneficial aspects.

8.2 Co-ordinating and encouraging research including its linkage with modern medicine.

8.3 Developing appropriate regulation and registration for its practice.

9. Health Systems Research shall be given due emphasis by:

9.1 Identifying priority areas for research in health.

9.2 Expanding applied research on major health problems and health service systems.

9.3 Strengthening the research capabilities of national institutions and scientists in collaboration with the responsible agencies.

9.4 Developing appropriate measures to assure strict observance of ethical principles in research.

10. Family Health Services shall be promoted by:

10.1 Assuring adequate maternal health care and referral facilities for high risk pregnancies.

10.2 Intensifying family planning for the optimal health of the mother, child and family.

10.3 Inculcating principles of appropriate maternal nutrition.

10.4 Maintaining breast-feeding, and advocating home made preparation, production and availability of weaning foods at affordable prices .

10.5 Expanding and strengthening immunization services, optimisation of access and utilization.

10.6 Encouraging early utilization of available health care facilities for the management of common childhood diseases particularly diarrhoeal diseases and acute respiratory infections.

10.7 Addressing the special health problems and related needs of adolescents.

10.8 Encouraging paternal involvement in family health.

10.9 Identifying and discouraging handful traditional practices while encouraging their beneficial aspects.

11. Referral System shall be developed by:

11.1 Optimizing utilization of health care facilities at all levels.

11.2 Improving accessibility of care according to need.

11.3 Assuring continuity and improved quality of care at all levels.

11.4 Rationalizing costs for health care seekers and providers for optimal utilization of health care facilities at all levels.

11.5 Strengthening the communication within the health care system.

12. Diagnostic and Supportive Services for Health care shall be developed by:

12.1 Strengthening the scientific and technical bases of health care.

12.2 Facilitating prompt diagnosis and treatment.

12.3 Providing guidance in continuing care.

13. Health Management information system shall be organized by:

13.1 Making the system appropriate and relevant for decision making, planning, implementing, monitoring and evaluation.

13.2 Maximizing the utilization of information at all levels.

13.3 Developing central and regional information documentation centres.

14. Health Legislations shall be revised by:

14.1 Up-dating existing public health laws and regulations.

14.2 Developing new rules and regulations to help in the implementation of the current policy and addressing new health issues.

14.3 Strengthening mechanisms for implementation of the health laws and regulations.

15. Health Service Organization shall be systematized and rationalized by:

15.1 Standardizing the human resource, physical facilities and operational systems of the health units at all levels.

15.2 Defining and instituting the catchment areas of health units and referral systems based on assessment of pertinent factors.

15.3 Regulating private health care and professional deployment by appropriate licensing.

16. Administration and Management of the health system shall be strengthened and made more effective and efficient by:

16.1 Restructuring and organizing at all levels in line with the present policy of decentralization and democratization of decision making and management.

16.2 Combining departments and services which are closely related and rationalizing the utilization of human and material resources.

16.3 Studying the possibility of designating under-secretaries to ensure continuity of service.

16.4 Creating management boards for national hospitals, institutions and organizations.

16.5 Allowing health institutions to utilize their income to improve their services.

16.6 Ensuring placement of appropriately qualified and motivated personnel at all levels.

17. Financing the Health Services shall be through public, private and international sources and the

following options shall be considered and evaluated.

17.1 Raising taxes and revenues .

17.2 Formal contributions or insurance by public employees.

- 17.3 Legislative requirements of a contributory health fund for employees of the private sector .
- 17.4 Individual or group health insurance.
- 17.5 Voluntary contributions .

