

FREE STATE PROVINCIAL HEALTH ACT 8 OF 1999

[ASSENTED TO 15 FEBRUARY 2000]

[DATE OF COMMENCEMENT: 16 FEBRUARY 2000]

(English text signed by the Premier)

ACT

To provide for the establishment of Health Authorities; the duties, functions and term of office of these Authorities; rights and duties of health care service providers and health care users; and matters connected thereto.

WHEREAS everyone has the constitutional right to have access to Health care services;

AND WHEREAS the Free State Provincial Government is committed to achieving the progressive realisation of the constitutional right to Health care services by the people of this Province;

AND WHEREAS the Free State Provincial Government is committed to ensure a healthy and self-reliant Free State community by providing acceptable, affordable, effective, integrated and comprehensive Health service:

CHAPTER 1 DEFINITIONS AND PURPOSE (secs 1-2)

1 Definitions

In this Act, unless the context indicates otherwise -

"Academic Health Services Complex" means a group of health facilities utilised for the provision of services, training, education and research in collaboration with a Faculty of Health sciences;

"Ambulance" means ambulance as defined in section 1 of the Road Traffic Act, 1989 (Act 29 of 1989);

"Central Hospital" means a tertiary hospital that also provides quaternary services for the Free State Province and the Northern Cape Province;

"Department" means the Department of Health of the Free State referred to in the first column of the Schedule of the Exchequer Act, 1994 (Act 1 of 1994);

"District Health Authority" means the body contemplated in section 15 of this Act;

"District Health Council" means a council established in terms of section 19 of this Act;

"Head of Department of Health" means the Head: Health, referred to in the second column of the Schedule to the Exchequer Act, 1994 (Act 1 of 1994);

"Health District" means a district whose boundaries have been demarcated in accordance with the procedure contemplated in section 19 of this Act;

"Health Facility" means a public or private institution, building or place where persons receive treatment, diagnostic or therapeutic interventions or other health services and includes facilities such as a clinic, mobile clinic, community health centre or hospital;

"Local authority" means any "local government body" as defined in section 1 of the Local Government Transition Act, 1993 (Act 209 of 1993), and any "transitional council" or "transitional rural council" established under such Act which exercises local government functions to the exclusion of any such local government body;

"Primary Health Care" means essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain in the spirit of self-reliance and

self-determination;

"Provincial Health Advisory Board" means a board established in terms of section 9 of this Act;

"Provincial Health Authority" means the body established in terms of section 4 of this Act;

"MEC" means the member of the Executive Council responsible for health in the Free State Province;

"Tertiary Education Institutions" means any institution that provides higher education on a full-time, part-time or distance basis.

2 Purpose

The purpose of this Act is:

- (a) To create and maintain a Provincial Health Authority, which -
 - (i) is an integral part of a National Health System;
 - (ii) provides acceptable, affordable, effective and equitable health services to the population of the Free State.
- (b) To create and maintain District Health Authorities, which -
 - (i) are the essential components of a District Health System;
 - (ii) encourage the participation of communities;
 - (iii) promote intersectoral collaboration;
 - (iv) render comprehensive essential health services to the population in that District;
 - (v) promote co-operative governance between Provincial and local Governments.
- (c) To ensure the provision of health services and to provide for related health matters.

CHAPTER 2 PROVINCIAL FUNCTIONS (sec 3)

3 Provincial functions

The Department shall have powers and functions as set out in Schedule 1 of this Act and any other law.

CHAPTER 3 HEALTH AUTHORITIES (secs 4-18)

4 Establishment of Provincial Health Authority

There is hereby established the Free State Provincial Health Authority which shall have the powers and functions entrusted to it by this Act or any other law.

5 Composition of Provincial Health Authority

The Provincial Health Authority shall be composed of -

- (a) the MEC;
- (b) one representative, who shall be an elected councillor, from each District Health Authority;

- (c) the Head of Health who shall *ex officio* be a member, but shall have no vote; and
- (d) one person designated by the Provincial Health Advisory Board.

6 Powers and functions of Provincial Health Authority

The Provincial Health Authority must -

- (a) co-ordinate the implementation of National and Provincial Health Policies;
- (b) co-ordinate the functioning of the District Health Authorities;
- (c) consider and co-ordinate strategic plans of District Health Authorities;
- (d) consider requests and recommendations made by the District Health Authorities;
- (e) recommend Provincial Health Policies to the MEC;
- (f) consider, develop or comment on all Health Legislation before it is introduced in the Provincial Legislature;
- (g) consider and co-ordinate strategic plans of regional and central hospitals;
- (h) perform any Provincial function as may be designated by this Act or any other legislation.

7 Meetings of Provincial Health Authority

(1) The MEC shall preside over the meetings of the Provincial Health Authority.

(2) The Provincial Health Authority may determine its own rules governing meetings and procedure of meetings.

(3) The Provincial Health Authority shall meet at the place and the time determined by the MEC.

(4) The Provincial Health Authority shall meet at least once in every three months.

(5) Whenever the MEC is absent from a meeting, the Provincial Health Authority shall be chaired by one of its members designated by the MEC.

(6) The Provincial Health Authority shall endeavour to exercise its powers and perform its duties on the basis of consensus and, if consensus on any matter cannot be achieved, the matter may be decided by the Provincial Health Authority by resolution of at least two-thirds of its members.

(7) A member of the Provincial Health Authority or its committee, who is not in the full-time employ of the State, may be paid, out of moneys appropriated for this purpose by the Provincial Legislature, his or her reasonable subsistence and travelling expenses or allowance when attending a meeting of the Provincial Health Authority or its committee, as the case may be.

8 Term of office of members of the Provincial Health Authority

(1) A member of the Provincial Health Authority shall, subject to subsection (3), hold office for a period not exceeding 5 years, as the MEC may determine at the time of his or her appointment and shall be eligible for reappointment at the termination of his or her term of office.

(2) A member of the Provincial Health Authority shall hold office for a maximum of two consecutive terms of office only.

(3) The MEC may, after he or she has afforded a member of the Provincial Health Authority the opportunity to state his or her case, at any time terminate the term of office of such member if -

- (a) there are good reasons for doing so and it is in the best interest of the Provincial Health Authority;
- (b) he or she has been absent from more than 2 consecutive meetings of the Provincial Health Authority without prior leave of the MEC.

9 Establishment of Provincial Health Advisory Board

There is hereby established a Provincial Health Advisory Board which shall have the powers and functions entrusted to it by this Act or any other law.

10 Powers and functions of Provincial Health Advisory Board

(1) The Advisory Board may -

- (a) on its own initiative or at the request of the MEC convene public forums;
- (b) initiate mechanisms to consider or review any matter relating to health;
- (c) perform any act that it considers necessary or expedient to promote the objectives of this Act;
- (d) advise the MEC on any matter referred to the Advisory Board by the MEC for consideration.

(2) The Advisory Board shall report at least annually on its activities to the Provincial Health Authority.

11 Composition of Provincial Health Advisory Board

(1) The Advisory Board shall consist of not more than 25 members appointed by the MEC.

(2) The MEC shall prescribe the procedure for the nomination and appointment of members of the Advisory Board.

(3) The MEC shall appoint any member of the Advisory Board as chairperson.

(4) The Advisory Board shall be representative and include amongst others representatives from relevant non-government organisations, tertiary institutions, statutory bodies, community based organisations and the private sector.

12 Term of office of members of Provincial Health Advisory Board

(1) A member of the Advisory Board shall, subject to subsection (3), hold office for a period not exceeding 5 years, as the MEC may determine at the time of his or her appointment and shall be eligible for reappointment at the termination of his or her term of office.

(2) A member of the Advisory Board shall hold office for a maximum of two consecutive terms of office only.

(3) The MEC may, after he or she has afforded a member of the Advisory Board the opportunity to state his or her case, at any time terminate the term of office of such member if -

- (a) there are good reasons for doing so and it is in the best interest of the Provincial Health Advisory Board;
- (b) he or she has been absent from more than 2 consecutive meetings of the Advisory Board without prior leave of the MEC.

13 Meetings of Provincial Health Advisory Board

(1) The chairperson of the Advisory Board shall determine the place and time of meetings.

(2) The Advisory Board shall determine its own rules governing meetings and procedure of meetings.

(3) The Advisory Board shall amongst its members elect a deputy chairperson who shall preside at the meetings in the absence of the chairperson.

(4) The Advisory Board shall meet at least twice annually.

(5) A member of the Advisory Board or its committee, who is not in the full-time employ of the State, may be paid, out of moneys appropriated for this purpose by the Provincial Legislature, his or her reasonable subsistence and travelling expenses or allowance when attending a meeting of the Provincial Health Advisory Board or its committee, as the case may be.

(6) Officers on the establishment of the Department shall perform the administrative functions of the Advisory Board and its committees.

14 Committees of the Provincial Health Advisory Board

(1) The Advisory Board may establish committees.

(2) The committee may consist of as many members as the Advisory Board may determine, elected from among its members.

(3) The committee shall consider any matter referred to it by the Advisory Board and report back on that to the Advisory Board.

15 Establishment of District Health Authority

(1) The MEC shall in consultation with all the municipalities within the health districts, determine to whom authorisation shall be given to govern the affairs of a health district, which may include -

- (a) a municipality;
- (b) a statutory District Health Authority;
- (c) the department.

(2) The MEC shall consult the member of the Executive Council responsible for Local Government before making the determination contemplated in subsection (1).

(3) The criteria and the procedures for making the determination in terms of this section shall be published in the *Provincial Gazette* within a reasonable period after the promulgation of this Act.

(4) All District Health Authorities shall comply with the national and provincial policies.

(5) The body to whom authorisation has been given in terms of subsection (1) shall for purposes of this Act be referred to as a District Health Authority.

16 Powers and functions of District Health Authority

(1) A District Health Authority shall perform functions designated to it by the Provincial Health Authority and also those stipulated in Schedule 2 of this Act.

(2) The MEC may, if so requested by the District Health Authority, authorise a District Health Authority to perform any function in terms of National Health legislation if the MEC is of the opinion that the District Health Authority has the capacity to perform that function.

(3) The District Health Authority shall have further powers and functions entrusted to it by this Act or any other law.

(4) The District Health Authority shall acquire essential resources from the Provincial Health Authority and the

Local Authorities in its district to enable the District Health Authority to perform its functions effectively.

(5) In performing its functions the District Health Authority shall -

- (a) manage its resources with due regard to the needs of the inhabitants of the health district;
- (b) act in accordance with guidelines and policies adopted by the national and provincial health authorities;
- (c) develop strategic plans and annual operational plans for consideration by the Provincial Health Authority;
- (d) ensure the delivery of health services to the inhabitants of the health district;
- (e) co-operate with other health districts and the Provincial Health Authority to ensure optimal utilisation of available resources.

17 Management of District Health Authority

(1) A District Health Authority shall have an organisational structure headed by a District Manager to ensure the implementation of functions set out in Schedule 2.

(2) A suitable management establishment shall be developed with the support of the Provincial Health Authority according to functions of the District Health Authority.

(3) The appointment of staff shall be done with the concurrence of the District Health Council in terms of the service contract between the Provincial Health Authority and the District Health Authority.

18 Agreements

The District Health Authority, after consulting the MEC, may enter into agreements with any person or body in order to effectively perform its functions and fulfil its obligations under this Act.

CHAPTER 4 HEALTH DISTRICTS AND DISTRICT HEALTH COUNCIL (secs 19-24)

19 Demarcation of Health Districts

(1) The MEC may, after consulting the Executive Council, by notice in the *Provincial Gazette* -

- (a) divide the province into health districts and determine the boundaries thereof and establish a district council for each health district;
- (b) change the boundaries of such a health district at any time after consulting any district health authority or any local authority affected by the proposed variation.

(2) The MEC shall consult the member of the Executive Council responsible for Local Government before making the determination contemplated in subsection (1):

(3) The criteria and the procedures for making the determination in terms of this section shall be published in the *Provincial Gazette* within a reasonable period after the promulgation of this Act.

(4) The MEC shall prior to final determination of Health Districts publish a notice contemplated in subsection (1) for comment.

20 Composition of District Health Council

(1) The District Health Council shall be composed of -

- (a) a Councillor representing each of the Municipalities in the respective health districts;

- (b) the chairperson of each District Hospital Board in that district or any person designated by him or her;
- (c) one representation from the Community Health Committees in the health district;
- (d) one representative from organised private health care providers;
- (e) one representative from non-governmental health organisations in the health district;
- (f) the District Manager who shall *ex officio* be a member.

(2) The District Health management shall provide the secretariat.

21 Functions and duties of the District Health Council

(1) The District Health Council shall -

- (a) review and approve District Health plans;
- (b) review and approve District Health budget;
- (c) approve the appointment of a District Manager;
- (d) address problems related to health services in the health district;
- (e) promote sound labour relations and assist with unresolved labour matters in the health district;
- (f) ensure implementation of District Health policies in terms of the National and Provincial Policy framework;
- (g) promote intersectoral collaboration;
- (h) address complaints of the community;
- (i) ensure accountability for the budget, resources and services rendering to the community.

(2) The District Health Council shall be accountable to the Provincial Health Authority and shall submit an annual report on services rendered and use of resources allocated.

22 Meetings of the District Health Council

(1) The first meeting of the District Health Council shall be held at a time and place determined by the MEC.

(2) The MEC shall appoint a member of the District Health Council as the chairperson of the Council.

(3) At its first meeting the District Health Council shall elect one of its members to be deputy chairperson of the Council.

(4) If the chairperson is absent or is for any reason unable to act as chairperson, the deputy chairperson shall perform the functions of the chairperson.

(5) The District Health Council shall meet at least once every three months.

(6) The quorum at the meeting of the District Health Council shall be a simple majority.

(7) The District Health Council shall endeavour to exercise its powers and perform its duties on the basis of consensus and, if consensus on any matter cannot be achieved, the matter may be decided by resolution of a simple majority of its members.

(8) A member of the District Health Council shall not vote upon or take part in or be present during discussions of any matter before the Council in which he or she has any pecuniary or other personal interest.

23 Term of office of members of the District Health Council

(1) A member of the District Health Council shall, subject to subsection (3), hold office for a period not exceeding 5 years, as the MEC may determine at the time of his or her appointment and shall be eligible for reappointment at the termination of his or her term of office.

(2) A member of the District Health Council, except the District Manager, shall hold office for a maximum of two consecutive terms of office only.

(3) The MEC may, after he or she has afforded a member of the District Health Council the opportunity to state his or her case, at any time terminate the term of office of such member if -

- (a) there are good reasons for doing so and it is in the best interest of the District Health Council;
- (b) he or she has been absent from more than 2 consecutive meetings of the Board without prior leave of the Chairperson.

24 Dissolution of District Health Council

(1) The MEC may dissolve a District Health Council if he or she has reasons to believe that -

- (a) a District Health Council is not performing its functions effectively; or
- (b) it is no longer cost-effective or efficient to continue with the existence of a District Health Council.

(2) The MEC shall in writing invite the concerned District Health Council to make representations within 30 days before taking any action in terms of subsection (1).

(3) After considering the representations made by the District Health Council, the MEC shall inform the District Health Council of his or her decision.

(4) The District Health Council may appeal to the Provincial Health Authority against the decision of the MEC.

(5) The MEC may take steps to reconstitute a District Health Council or instruct the Department to assume the functions of that District Health Council, if it was dissolved in terms of subsection (1)(a).

(6) The MEC shall publish a notice inviting nominations of members to a District Health Council within 30 days of the dissolution of a District Health Council for any reason whatsoever.

CHAPTER 5 INTERSECTORAL COLLABORATION (secs 25-27)

25 Intersectoral collaboration

The Department shall ensure intersectoral collaboration at Provincial level on matters impacting on health by -

- (1) participating in an Interdepartmental Management Committee of the Provincial Administration and its relevant subcommittees;
- (2) developing specific programmes around health problems by involving non-governmental health organisations and community-based organisations;
- (3) developing specific programmes around health problems by involving the private health sector;
- (4) collaborating, if deemed necessary, with tertiary institutions in the Free State and elsewhere to promote research

and health systems development.

26 Agreements with Tertiary Education Institutions

(1) The MEC may enter into agreement with any tertiary institutions involved in the education and training of health professionals if it is deemed to be to the benefit of the Province.

(2) The agreement may include amongst other matters such as -

- (a) the availability of health facilities for practical training;
- (b) the appropriateness of the curriculum to meet the basic health needs of the Province;
- (c) provincial needs for health professionals;
- (d) funding of expenses created by the agreement;
- (e) establishment, composition and functions of an Advisory Liaison Committee;
- (f) staffing requirements.

(3) Other Provincial Health Departments or the National Health Department may be parties to the agreement.

27 Health research and system development

The Department of Health shall take steps to ensure appropriate Health research and system development.

CHAPTER 6

RIGHTS AND OBLIGATIONS OF HEALTH CARE SERVICE PROVIDERS AND HEALTH CARE USERS (secs 28-35)

28 Information on services

(1) All Health facilities in the Province shall display in a prominent place a list of services available at a particular Health facility for the information of the general public.

(2) The health service provider shall provide appropriate information on where health services not provided in that Health facility are available.

(3) Information contemplated in subsection (1) and (2) shall be made available as far as is practical in the language of the health care user, taking into consideration the hearing and visually impaired health care users.

29 Respect

Every health care user is entitled to respect for their personality, human dignity and privacy, and not to be discriminated against on one or more grounds, including race, gender, ethnic or social origin, colour, sexual orientation, age, disability, health status, pregnancy, marital status, religion, conscience, belief, culture, language or place of birth.

30 Participation in decisions

(1) Every health care user is entitled to give an informed consent in any decision affecting his or her health, unless it is not reasonably practical to give such informed consent.

(2) The Department shall develop and implement a consent form as far as it is practical in the language of the health care user.

(3) The consent form should include the following:

- (a) Consent for admission;
- (b) consent for treatment;
- (c) consent for educational, experimental or research projects;
- (d) consent to release confidential information;
- (e) consent by Head of the Health facility when the user is not in a position to give such consent and there is nobody who can legally give such consent;
- (f) consent by guardian or parent where the user is a minor.

31 Obligation to keep health records

(1) The Head of a Health facility must ensure that a permanent health record of every user of health services at that Health facility is kept.

(2) The health records contemplated in subsection (1) must be kept for a period determined by the National Archives of South Africa Act, 1996 (Act 43 of 1996).

32 Confidentiality and access to records

(1) Every user is entitled to confidentiality of all information concerning his or her health, including information relating to any treatment, or stay in a health facility.

(2) The Head of any health facility may allow only the following persons to access the health records of a health care user -

- (a) the health care user, or if the health care user is under the age prescribed, the guardian or parent of the user;
- (b) the administrative staff and health care providers at the health facility for any purpose within the ordinary course of their duties;
- (c) a health care provider for purposes of study, teaching or research, with the authorisation of the health care user and the head of the health facility, or the ethics committee of the Health facility concerned as required by international ethical standards;
- (d) any other person who has been given written consent by the health care user, or a person who is authorised by law or court order to have access.

(3) Whenever a health facility provides a health care user or a person giving consent to treatment on behalf of the health care user, with information contained in the health care user's health records of a medical or social nature concerning the health care user, the health facility must provide the person receiving that information with the assistance of a qualified health care provider to assist him or her to understand the information.

(4) The head of a health facility, after consulting the health care provider primarily responsible or another health care provider designated by the head of the health facility concerned, may temporarily deny a health care user access to information contained in the health care user's health record, if disclosure of that information would be likely to be seriously prejudicial to the user's health.

33 Right to complain

(1) Every health care user is entitled to complain about the manner in which he or she was or is being treated, and to be fully informed in writing of the effect and outcome of a complaint.

(2) The MEC shall prescribe procedures and establish mechanisms for lodging complaints.

34 Obligations of users

Health care users shall -

- (a) care for, protect, and promote their own health;
- (b) respect the rights of other health care users;
- (c) observe the rules concerning the organisation and operation of services and health facilities, subject to the right to submit complaints against the service rendering authority;
- (d) assume responsibility for the proper use of the benefits provided by the health system;
- (e) ensure that they do not endanger the lives of other health care users and health care providers;
- (f) co-operate with health care providers in connection with their situation;
- (g) treat health care providers with dignity and respect;
- (h) co-operate in maintaining health facilities in habitable condition;
- (i) subject to the provisions of this or any other law, to pay the stipulated health care user fees;
- (j) sign a discharge certificate if they refuse to accept recommended treatment;
- (k) not use tobacco products, non-prescribed alcohol products or any illegal substance in the health facility.

35 Duties of health care providers

Health care providers shall fulfil every duty owed to each patient, including the duty -

- (a) to treat all patients with dignity and respect;
- (b) to provide the best quality care appropriate;
- (c) to involve patients in making the choice pertinent to their treatment; and
- (d) not to use tobacco products, non-prescribed alcohol products or any illegal substance in the health facility.

**CHAPTER 7
COMPREHENSIVE PRIMARY HEALTH CARE (sec 36)**

36 Comprehensive Primary Health Care

(1) The MEC shall by notice in the *Provincial Gazette* regulate the package of health care to be provided.

(2) The health care package at each level of care shall be accessible, acceptable, affordable, efficient, comprehensive and integrated with promotive, preventative, curative and rehabilitative services.

(3) The Department shall ensure the progressive implementation of health services at all levels of care to -

- (a) avoid and remove duplication and fragmentation of health services;
- (b) improve and maintain the quality of health services within the available resources; and
- (c) to remove all barriers to access to health services where possible.

(4) The Department shall review and monitor the efficiency of the respective health care packages on a regular

basis.

CHAPTER 8
PATIENT, TRANSPORT, REFERRAL AND EMERGENCY SERVICES
(secs 37-39)

37 Patient transport and referrals

(1) The Department shall ensure that there is an efficient and appropriate referral system between the health facilities.

(2) The referral system shall take into consideration the following:

- (a) The health of the user;
- (b) packages of services available;
- (c) competency of the health care provider;
- (d) appropriate technological and personnel support; and
- (e) barriers to health services.

(3) The Department shall provide patient transport between health facilities, if there is a need.

38 Emergency medical services

(1) The Department shall establish and maintain an adequate ambulance service for the conveyance of patients to and from health facilities within the Province.

(2) The Department may enter into an agreement with a municipality or any private sector entity to conduct an ambulance service on an agency basis.

(3) The MEC may prescribe ambulance fees.

(4) The MEC may establish and maintain training facilities for the training of emergency medical services personnel.

(5) The Department shall ensure disaster and emergency preparedness for health services.

39 Registration of private ambulance services

(1) No person shall establish, conduct or maintain a private ambulance service unless such private ambulance service has been registered as prescribed by the MEC.

(2) The MEC may -

- (a) register a private ambulance service for such period and on such conditions as he or she may deem fit;
- (b) refuse to register a private ambulance service or may at any time, cancel such registration, if in his or her opinion -
 - (i) the vehicles and equipment of such private ambulance service are not suitable and adequate;
 - (ii) the private ambulance service does not have adequate and suitable staff;
 - (iii) the manner in which such service is conducted is likely to be detrimental to the physical, or mental well-being of the patients;

- (iv) any of the conditions subject to which the registration of the private ambulance service concerned was approved, is not complied with; or
- (v) it is not desirable in the public interest.

CHAPTER 9
HEALTH INFORMATION AND RESEARCH (sec 40)

40 Provincial Health Information System

- (1) The Department shall develop and maintain a Provincial Health Information system that -
 - (a) complies with the criteria of the National Health Information System;
 - (b) promotes the use of data in planning, programming, provisioning, budget evaluation and improvement of public and other health services;
 - (c) collaborates with academic research institutions, private health care providers, community based organisations or any organ of society involved with health related research;
 - (d) promotes efficient and effective communication in the Department.
- (2) The Department shall -
 - (a) in carrying out health surveillance or in obtaining health information -
 - (i) consult with communities, encourage and develop community identification of health problems and appropriate solutions;
 - (ii) consult with public and private providers of health services and other interested parties, in the interest of obtaining comprehensive health information;
 - (iii) ensure the reliability of information obtained, its accurate interpretation and analysis;
 - (iv) ensure information obtained is made accessible to the community, health providers and other interested parties;
 - (b) ensure accurate, timeous and complete health information for inclusion in the National Health Information System; and
 - (c) ensure that the identity and personal particulars of any person from whom information has been obtained is kept confidential.

CHAPTER 10
HEALTH PROMOTION, EDUCATION AND DISEASE PREVENTION
(secs 41-45)

41 Health promotion

- (1) The Department shall in collaboration with other role-players contribute towards -
 - (a) the development and implementation of programs to improve social, mental and physical well-being of the community in order to promote a healthy and self-reliant community;
 - (b) the attainment of a healthy environment in the Province.
- (2) The Department shall -

- (a) determine priorities for health promotion in the Province;
- (b) co-ordinate support to, and evaluate health promotion measures initiated by District Health Authorities;
- (c) provide training for health providers on matters relating to health promotion;
- (d) promote and implement intersectoral collaboration on health promotion;
- (e) develop health promotion material that is accessible to the people by using appropriate languages and other forms of communication.

42 Disease prevention

The Department shall -

- (a) support the District Health Authority in combating epidemics;
- (b) ensure timely application of measures to prevent the occurrence of epidemics;
- (c) provide facilities for the isolation of patients with highly contagious diseases including multi-drug resistant tuberculosis.

43 Regulations

The MEC may make regulations with regard to any matter which he or she considers necessary or expedient to prescribe in order to achieve the objects of this Act.

44 Repeal of laws

The laws mentioned in Schedule 3 are hereby repealed to the extent indicated in the second column of that Schedule.

45 Short title

This Act shall be called the Free State Provincial Health Act, 1999.

SCHEDULE 1 PROVINCIAL FUNCTIONS

Part 1

1. Formulating and implementing provincial health policy, norms, standards and legislation.
2. Ensuring the provision of secondary hospital services;
3. Ensuring the provision of specialised hospital services;
4. Ensuring the provision of health services in academic health centres;
5. Ensuring the planning and management of a provincial health information system;
6. Ensuring the screening of applications for licensing and the inspection of private health facilities;
7. Ensuring interprovincial and intersectoral co-ordination and collaboration;
8. Ensuring the co-ordination of funding and financial management of District Health Authorities;

9. Ensuring the provision of technical and logistical support to District Health Authorities;
10. Ensuring research on, and the planning, co-ordination, monitoring and evaluation of health, and of the health services rendered in the province;
11. Ensuring that nationally delegated functions are carried out.

Part 2

12. Ensuring the provision of comprehensive primary health care services;
13. Ensuring the provision of community hospital services;
14. Ensuring appropriate human resources management and development;
15. Ensuring the rendering and co-ordination of medical emergency services;
16. Ensuring the rendering of medico-legal services;
17. Ensuring the rendering of health services to persons who have been detained, arrested or charged;
18. Ensuring quality control of all health services and facilities;
19. Ensuring the rendering of specific provincial service programmes;
20. Ensuring the provision of non-personal health services;
21. Ensuring the provision and maintenance of equipment, vehicles and health care facilities;
22. Ensuring effective consultation regarding health matters at community level;
23. Ensuring the provision of occupational health services.

SCHEDULE 2 FUNCTIONS OF DISTRICT HEALTH AUTHORITIES

1. To render health promotion services;
2. To provide for intersectoral collaboration with other government and non-government sectors in promoting health and rendering health services in the area served by the health district;
3. To provide for community participation in health promotion and health service provision in the health district, including the promotion of the capacity of community members to participate to their full potential;
4. To render health services in communities, community hospitals, clinics, community health centres and other facilities;
5. To render nutritional services, including surveillance, promotion and guidance;
6. To render appropriate treatment for diseases and injuries;
7. To render midwifery and maternity services, including antenatal, confinement, post-parturition and all related services;
8. To render preventive, promotive, curative and rehabilitative health services for children and youth, including services at schools and at institutions, and including health care interventions for children with learning problems and for those in difficult circumstances;

9. To render care for the elderly in collaboration with other government and non-government sectors;
10. To render care for people with disabilities in collaboration with other government and non-government sectors, including community rehabilitative services;
11. To render mental health services;
12. To render oral health services;
13. To render treatment for chronic diseases;
14. To render medical social work services;
15. To render care for the terminally ill, including community nursing and home care services;
16. To render rehabilitation services;
17. To render preventive and promotive services for communicable and non-communicable diseases (including optometry services);
18. To render family planning services;
19. To ensure the provision of appropriate occupational health services;
20. To render essential accident and emergency services within health facilities;
21. To render primary environmental care services, including maintaining the area in a hygienic condition, the promotion of environmental hygiene, investigating complaints, enforcement of environmental health legislation (sanitation, housing, smoke, noise, litter, food hygiene and occupational hygiene), and the identification and control of local health hazards;
22. To render essential medico-legal services;
23. To render services to those arrested, detained and charged in collaboration with the relevant authorities;
24. To render services at community hospital level.

**SCHEDULE 3
LAWS REPEALED**

(Section 44)

Title, No and Year of Law	Extent of repeal
1.	The

2.	The

