



PROVINSIE VRYSTAAT

PROVINSIALE KOERANT

PROVINCIAL GAZETTE

FREE STATE PROVINCE

Uitgegee op Gesag

Johannesburg Bar Library

Published by Authority

No. 10

BLOEMFONTEIN, 16 FEBRUARIE 2000

BLOEMFONTEIN, 16 FEBRUARY 2000

KANTOOR VAN DIE PREMIER

OFFICE OF THE PREMIER

No. 8

16 Februarie 2000

Hierby word bekend gemaak dat die Premier die onderstaande Wet bekragtig het, wat hierby ter algemene inligting gepubliseer word:-

No. 8 van 1999: Vrystaat Provinsiale Gesondheidswet, 1999

No. 8

16 February 2000

It is hereby notified that the Premier has assented to the following Act which is hereby published for general information:-

No. 8 of 1999: Free State Provincial Health Act, 1999

WET

Om voorsiening te maak vir die skepping van Gesondheidsowerhede; die pligte, funksies en ampstermyn van hierdie owerhede; regte en pligte van gesondheidsorgdiensverskaffers en gesondheidsorggebruikers; en aangeleenthede wat daaraan verbind is.

*(Engelse teks deur die Premier geteken)
(Bekragtig op 15 Februarie 2000)*

NADEMAAL elkeen die grondwetlike reg besit om toegang te hê tot Gesondheidsorgdienste;

EN NADEMAAL die Vrystaatse Provinsiale Regering daartoe verbind is om die toenemende verwesenliking van die grondwetlike reg op Gesondheidsorgdienste deur die mense van die Provinsie te weeg te bring;

EN NADEMAAL die Vrystaatse Provinsiale Regering daartoe verbind is om 'n gesonde en selfstandige Vrystaatse gemeenskap te verseker deur aanvaarbare, bekostigbare, effektiewe, geïntegreerde en omvattende Gesondheidsdiens te voorsien;

WORD DAAR BEPAAL deur die Provinsiale Wetgewer van die Provinsie Vrystaat, soos volg -

HOOFSTUK 1 WOORDOMSKRYWING EN DOEL

Woordomskrywings

1. In hierdie Wet, tensy die samehang anders blyk, beteken -

"Akademiese Gesondheidsdienskompleks" 'n groep gesondheidsfasiliteite wat vir die voorsiening van dienste, opleiding, opvoeding en navorsing in samewerking met 'n Fakulteit vir Gesondheidswetenskappe aangewend word; 10

"Ambulans" ambulans soos gedefinieer in artikel 1 van die Padverkeerswet, 1989 (Wet No 29 van 1989); 15

"Departement" die Departement van Gesondheid van die Vrystaat waarna in die eerste kolom van die Bylae tot die Skatkiswet, 1994 (Wet No 1 van 1994);

"Distriksgesondheidsowerheid" die liggaam in artikel 15 van hierdie Wet beoog; 20

"Distriksgesondheidsraad" 'n raad ingevolge artikel 19 van hierdie Wet ingestel;

"Gesondheidsdistrik" 'n distrik wat se grense afgebaken is in ooreenstemming met die prosedure in artikel 19 van hierdie Wet beoog; 25

"Gesondheidsfasiliteit" 'n openbare of private instelling, gebou of plek waar persone behandeling, diagnostiese of terapeutiese ingrypings of ander gesondheidsdienste ontvang en sluit in geriewe soos 'n kliniek, mobiele kliniek, gemeenskapsgesondheidsentrum of hospitaal; 30

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.

*(English text signed by the Premier)
(Assented to 15 February 2000)*

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,

BE IT THEREFORE ENACTED by the Provincial Legislature of the Free State Province, as follows -

CHAPTER 1 DEFINITIONS AND PURPOSE

Definitions

1. 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 No 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 No 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 No 1 of 1994);

“Hoof van Departement van Gesondheid” die Hoof: gesondheid, waarna in die tweede kolom van die Bylae tot die Skatkiswet, 1994 (Wet No 1 van 1994) verwys word;

“LUR” die lid van die Uitvoerende raad verantwoordelik vir gesondheid in die Provinsie Vrystaat;

“Plaaslike Gesondheidsowerheid” ‘n Gesondheidsowerheid ingevolge artikel 4 van die Wet ingestel;

“Plaaslike owerheid” enige “plaaslike regeringsliggaam” soos gedefinieer in artikel 1 van die Wet op Plaaslike Oorgangsrade, 1993 (Wet No 209 van 1993), en enige “oorgangsraad” of “landelike oorgangsraad” ingestel kragtens die Wet wat plaaslike regeringsfunksies tot uitsluiting van enige sodanige plaaslike regeringsliggaam uitoefen;

“Primêre Gesondheidsorg” wesenlike gesondheidsorg gebaseer op praktiese, wetenskaplik gegronde en sosiaal aanvaarbare metodes en tegnologie wat universeel aan individue en families in die gemeenskap toeganklik gemaak word deur hulle volle deelname en teen ‘n koste wat die gemeenskap en die land kan bekostig om te onderhou in die gees van selfstandigheid en selfbeskikking;

“Provinsiale Gesondheidsadviesraad” ingevolge artikel 9 van hierdie Wet ingestel;

“Sentrale Hospitaal” ‘n tersiêre hospitaal wat ook ‘n viertal dienste aan die Provinsie Vrystaat en Noordkaap Provinsie voorsien;

“Tersiêre Onderwysinrigtings” enige inrigting wat gevorderde onderwys op ‘n voltydse, deeltydse of afstandsonderwys voorsien.

Doel

2. Die doel van hierdie Wet is:

(a) Om ‘n Provinsiale Gesondheidsowerheid tot stand te bring en te onderhou, wat -

(i) ‘n integrale deel van die Nasionale Gesondheidstelsel uitmaak;

(ii) aanvaarbare, bekostigbare, effektiewe en onpartydige gesondheidsdienste aan die bevolking in die Vrystaat voorsien;

(b) Om Distriks gesondheidsowerhede tot stand te bring en te onderhou, wat -

(i) die kern komponente van ‘n Distriks gesondheidstelsel uitmaak;

(ii) die deelname van gemeenskappe aanmoedig;

(iii) intersektorale samewerking bevorder;

"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 include 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 No 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.

Purpose

2. 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) omvattende noodsaaklike gesondheidsdienste aan die bevolking in daardie distrik lewer;
 - (v) ko-operatiewe bestuur tussen Provinsiale en Plaaslike regerings aanmoedig.
- (c) Om die voorsiening van gesondheidsdienste te verseker en vir verwante gesondheidsake voorsiening te maak.

5

HOOFTUK 2 PROVINSIALE FUNKSIES

10

Provinsiale funksies

3. Die Departement beskik oor bevoegdhede en funksies soos wat in Bylae 1 van hierdie Wet en enige ander wet uiteengesit is.

15

HOOFTUK 3 GESONDHEIDSOWERHEDE

Instelling van Provinsiale Gesondheidsowerheid

20

4. Daar word hiermee ingestel die Vrystaatse Provinsiale Gesondheidsowerheid wat oor die bevoegdhede en funksies beskik deur hierdie Wet en enige ander wet aan hom verleen.

Samestelling van Provinsiale Gesondheidsowerheid

25

5. Die Provinsiale Gesondheidsowerheid bestaan uit –

- (a) die IUR;
- (b) een verteenwoordiger, wie 'n verkose raadslid is, uit elke Distrikgesondheidsowerheid;
- (c) die Hoof van Gesondheid wat *ex officio* 'n lid is, maar oor geen stemreg beskik nie; en
- (d) een persoon deur die Provinsiale Gesondheidsadviesraad aangewys.

30

35

Bevoegdhede en funksies van die Provinsiale gesondheidsowerheid

40

6. Die Provinsiale gesondheidsowerheid moet –

- (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

Provincial functions

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

CHAPTER 3 HEALTH AUTHORITIES

Establishment of Provincial Health Authority

4. 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.

Composition of Provincial Health Authority

5. 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.

Powers and functions of Provincial Health Authority

6. The Provincial Health Authority must -

- (a) die implementering van Nasionale en Provinsiale Gesondheidsbeleid koördineer;
- (b) die funksionering van die Distriksgesondheidsowerhede koördineer;
- (c) strategiese planne van Distriksgesondheidsowerhede oorweeg en koördineer; 5
- (d) versoeke en aanbevelings van Distriksgesondheidsowerhede oorweeg;
- (e) Provinsiale Gesondheidsbeleid aan die LUR aanbeveel; 10
- (f) alle Gesondheidwetgewing oorweeg, ontwikkel of kommentaar daarop lewer voordat dit in die Provinsiale Wetgewer ter tafel gelê word;
- (g) strategiese planne van streek- en sentrale hospitale oorweeg en koördineer; 15
- (h) enige Provinsiale funksie verrig soos deur hierdie Wet of enige ander wetgewing aangewys.

Vergaderings van Provinsiale Gesondheidowerheid

- 7. (1) Die LUR sit voor by vergaderings van die Provinsiale Gesondheidsowerheid. 20
- (2) Die Provinsiale Gesondheidsowerheid kan sy eie reëls en prosedures vasstel wat vergaderings reguleer. 25
- (3) Die Provinsiale Gesondheidsowerheid vergader op 'n plek en 'n tyd soos deur die LUR bepaal.
- (4) Die Provinsiale Gesondheidsowerheid kom minstens een keer elke drie maande byeen. 30
- (5) Wanneer ook al die LUR van 'n vergadering afwesig is, is die Provinsiale Gesondheidsowerheid onder die voorsitterskap van een van sy lede wat deur die LUR aangewys is. 35
- (6) Die Provinsiale Gesondheidsowerheid moet poog om sy bevoegdhede uit te oefen en sy pligte uit te voer op 'n konsensus grondslag en, indien konsensus nie bereik kan word nie, kan die saak deur die Provinsiale Gesondheidsowerheid afgehandel word deur 'n besluit van minstens twee derdes van sy lede. 40
- (7) 'n Lid van die Provinsiale Gesondheidsowerheid of sy komitee, wat nie voltyds in diens van die Staat is nie, kan uit gelde wat vir hierdie doel deur die Provinsiale Wetgewer bewillig is, betaal word, vir sy of haar redelike verblyf en reis uitgawes of toelaes wanneer 'n vergadering bygewoon word van die Provinsiale Gesondheidsowerheid of 'n komitee daarvan, wat ook al die geval mag wees. 45

- (a) co-ordinate the implementation of National and Provincial Health Policies;
- (b) co-ordinate the functioning of the District Health Authorities;
- 5 (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;
- 10 (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;
- 15 (h) perform any Provincial function as may be designated by this Act or any other legislation.

Meetings of Provincial Health Authority

- 20 7. (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.
- 25 (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.
- 30 (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.
- 35 (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.
- 40

Ampstermyn van lede van die Provinsiale Gesondheidsowerheid

8. (1) 'n Lid van die Provinsiale Gesondheidsowerheid bekleë, onderhewig aan subartikel (3), sy amp vir hoogstens 5 jaar, soos die I.UR ten tyde van sy of haar aanstelling mag bepaal en is herkiesbaar wanneer sy of haar ampstermyn ten einde loop. 5
- (2) 'n Lid van die Distriksgesondheidsraad bekleë sy amp vir 'n maksimum van slegs twee agtereenvolgende termyne.
- (3) Die I.UR kan, nadat hy of sy 'n lid van die Provinsiale Gesondheidsowerheid die geleentheid gegun het om sy of haar saak te stel, te eniger tyd die ampstermyn van sodanige lid beëindig indien – 10
- (a) daar goeie redes daarvoor bestaan en dit in die beste belang van die Provinsiale Gesondheidsowerheid is; 15
- (b) hy of sy vir meer as 2 agtereenvolgende vergaderings van die Provinsiale Gesondheidsowerheid afwesig was sonder voorafverkreë verlof van die I.UR. 20

Instelling van Provinsiale Gesondheidsadviesraad

9. Daar word hiermee 'n Provinsiale Gesondheidsraad ingestel wat beskik oor bevoegdhede en funksies deur hierdie Wet of enige ander wet verleen. 25

Bevoegdhede en funksies van die Provinsiale Gesondheidsadviesraad

10. (1) Die Adviesraad kan –
- (a) op sy eie inisiatief of op versoek van die I.UR openbare forums byeenroep; 30
- (b) meganismes inisieer om enige aangeleentheid met betrekking tot gesondheid te oorweeg of te hersien; 35
- (c) enige handeling uitvoer wat dit nodig of raadsaam ag om die doelstellings van hierdie Wet te bevorder; 40
- (d) die I.UR adviseer oor enige aangeleentheid wat deur die I.UR vir oorweging na die Adviesraad verwys word.
- (2) Die Adviesraad moet ten minste jaarliks oor sy bedrywighede aan die Provinsiale Gesondheidsowerheid verslag doen.

Samestelling van die Provinsiale Gesondheidsadviesraad

11. (1) Die Adviesraad moet bestaan uit nie meer as 25 lede deur die I.UR aangestel. 45

Term of office of members of the Provincial Health Authority

8. (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.

Establishment of Provincial Health Advisory Board

9. 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.

Powers and functions of Provincial Health Advisory Board

10. (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.

Composition of Provincial Health Advisory Board

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

- (2) Die I.UR moet die prosedure vir die benoeming en aanstelling van lede van die Adviesraad voorskryf.
- (3) Die I.UR moet enige lid van die Adviesraad as voorsitter aanstel.
- (4) Die Adviesraad moet verteenwoordigend wees en onder andere verteenwoordigers van nie-regeringsorganisasies, tersiêre inrigtings, statutêre liggame, gemeenskapsgebaseerde organisasies en die privaat sektor insluit.

5

Ampstermyn van lede van die Provinsiale Gesondheidsadviesraad

10

- 12. (1) 'n Lid van die Adviesraad beklee, onderhewig aan subartikel (3), sy amp vir hoogstens 5 jaar, soos wat die I.UR ten tyde van sy of haar aanstelling mag bepaal en is herkiesbaar by die verstryking van sy ampstermyn.
- (2) 'n Lid van die Adviesraad beklee sy amp vir slegs twee agtereenvolgende termyne.
- (3) Die I.UR kan, nadat hy of sy 'n lid die geleentheid gegun het om sy of haar saak te stel, te eniger tyd die ampstermyn van sodanige lid beëindig indien –
 - (a) goeie redes bestaan om dit te doen en indien dit in die beste belang van die Provinsiale gesondheidsadviesraad is;
 - (b) hy of sy vir 2 agtereenvolgende vergaderings van die Adviesraad afwesig was sonder voorafverkreë verlof van die I.UR.

15

20

25

Vergaderings van die Provinsiale Gesondheidsadviesraad

- 13. (1) Die voorsitter van die Adviesraad bepaal die plek en tyd van die vergaderings.
- (2) Die Adviesraad bepaal sy eie reëls en prosedures vir die beheer van vergaderings.
- (3) Die Adviesraad moet uit sy lede 'n ondervoorsitter verkies wie by vergaderings sal voorsit wanneer die voorsitter afwesig is.
- (4) Die Adviesraad vergader minstens twee keer per jaar.
- (5) 'n Lid van die Adviesraad of 'n komitee daarvan, wie nie in die voltydse diens van die staat is nie, kan uit gelde wat vir hierdie doel deur die Provinsiale Wetgewer bewillig is, betaal word vir sy of haar redelike verblyf en reis uitgawes of toelaes wanneer 'n vergadering van die Provinsiale Gesondheidsadviesraad of 'n komitee daarvan bygewoon is, soos wat die geval mag wees.

30

35

40

- (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.

Term of office of members of Provincial Health Advisory Board

12. (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.

Meetings of Provincial Health Advisory Board

13. (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) Beampptes op die diensstaat van die Departement voer die administratiewe funksies van die Adviesraad en sy komitees uit.

Komitees van die Provinsiale Gesondheidsadviesraad

14. (1) Die Adviesraad kan komitees instel. 5
- (2) Die komitee kan bestaan uit soveel lede as wat die Adviesraad bepaal, gekies uit sy lede. 10
- (3) Die komitee oorweeg enige aangeleentheid deur die Adviesraad na hom verwys, en rapporteer terug aan die Adviesraad.

Instelling van Distriksgesondheidsowerheid

15. (1) Die LUR moet in oorlegpleging met al die munisipaliteite binne die gesondheidsdistrikte, bepaal aan wie magtiging gegee word om die sake van 'n gesondheidsdistrik te bestuur, wat kan insluit - 15
- (a) 'n munisipaliteit; 20
- (b) 'n statutêre Distriksgesondheidsowerheid;
- (c) die Departement. 25
- (2) Die LUR moet met die lid van die Uitvoerende Raad verantwoordelik vir Plaaslike Regering beraadslaag voordat 'n bepaling soos in subartikel (1) beoog, gemaak word.
- (3) Die maatstawwe en prosedures om die bepaling ingevolge hierdie artikel te maak moet binne 'n redelike tydperk na die afkondiging van hierdie Wet in die *Provinsiale Koerant* gepubliseer word. 30
- (4) Alle Distriksgesondheidsowerhede moet nasionale en provinsiale beleid nakom.
- (5) Die liggaam aan wie magtiging ingevolge subartikel (1) verleen word, word vir die doeleindes van hierdie Wet na verwys as 'n Distriksgesondheidsowerheid. 35

Bevoegdhede en funksies van die Distriksgesondheidsowerheid

16. (1) 'n Distriksgesondheidsowerheid voer funksies uit wat na hom verwys word deur die Provinsiale Gesondheidsowerheid asook daardie funksies in Bylae 2 van die Wet vervat. 40

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

Committees of the Provincial Health Advisory Board

14. (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.

Establishment of District Health Authority

15. (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.

Powers and functions of District Health Authority

16. (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) Die IUR kan, indien so versoek word deur die Distriksgesondheidsowerheid, 'n Distriksgesondheidsowerheid magtig om enige funksie ingevolge Nasionale Gesondheidswetgewing uit te voer indien die IUR van mening is dat die Distriksgesondheidsowerheid die vermoë besit om dit te doen. 5
- (3) Die Distriksgesondheidsowerheid beskik oor verdere bevoegdhede en funksies deur hierdie wet of enige ander wet toevertrou is. 5
- (4) Die Distriksgesondheidsowerheid kry die nodige hulpbronne van die Provinsiale Gesondheidsowerheid en die Plaaslike Owerhede in sy distrik om hom in staat te stel om sy funksies na behore uit te voer. 10
- (5) By die uitvoering van sy funksies moet die Distriksgesondheidsowerheid –
- (a) sy hulpbronne bestuur met die nodige inagneming van die behoeftes van die inwoners van die gesondheidsdistrik; 15
 - (b) in ooreenstemming handel met die riglyne en beleid wat deur die nasionale en provinsiale gesondheidsowerhede aanvaar is; 20
 - (c) strategiese planne en jaarlikse operasionele planne ontwikkel vir oorweging deur die provinsiale gesondheidsowerheid; 20
 - (d) seker maak dat gesondheidsdienste aan die inwoners van die gesondheidsdistrik gelewer word; 25
 - (e) saamwerk met ander gesondheidsdistrikte en die Provinsiale Gesondheidsowerheid om die optimale aanwending van beskikbare hulpbronne te verseker. 30

Bestuur van Distriksgesondheidsowerheid

17. (1) 'n Distriksgesondheidsowerheid het 'n organisatoriese struktuur met 'n Distriksbestuurder aan die hoof om die implementering van die funksies soos in Bylae 2 uiteengesit te verseker. 35
- (2) 'n Geskikte bestuursliggaam moet met die ondersteuning van die Provinsiale Gesondheidsowerheid ontwikkel word ooreenkomstig die funksies van die Distriksgesondheidsowerheid. 40
- (3) Die aanstelling van personeel moet gedoen word met die instemming van die Distriksgesondheidsraad ingevolge die dienskontrak tussen die Provinsiale gesondheidsowerheid en die Distriksgesondheidsowerheid.

- (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.

Management of District Health Authority

17. (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.

Ooreenkomste

18. Die distriksgesondheidsowerheid kan, na oorlegpleging met die I.UR, ooreenkomste met enige persoon of liggaam aangaan ten einde na behore sy funksies uit te voer en sy verpligtinge onder die Wet te vervul.

5

HOOFSTUK 4 GESONDHEIDSDISTRIKTE EN DISTRIKSGESONDHEIDSRAAD

Afbakening van Gesondheidsdistrikte

10

19. (1) Die I.UR kan, na oorlegpleging met die Uitvoerende Raad, deur kennisgewing in die *Provinsiale Koerant* –
- (a) die provinsie in gesondheidsdistrikte verdeel en die grense daarvan vasstel en 'n distriksraad vir elke gesondheidsdistrik in die lewe roep;
- (b) die grense van sodanige gesondheidsdistrik te eniger tyd verander na oorlegpleging met enige distriksgesondheidsowerheid of enige plaaslike owerheid wat deur die voorgestelde verandering geraak word.
- (2) Die I.UR pleeg met die lid van die Uitvoerende Raad wat verantwoordelik is vir Plaaslike Regering oorleg voordat die bepaling beoog in subartikel (1) gemaak word.
- (3) Die maatstawwe en prosedure vir die maak van die bepaling ingevolge hierdie subartikel moet in die *Provinsiale Koerant* binne 'n redelike tydperk na die afkondiging van hierdie Wet gepubliseer word.
- (4) Die I.UR moet voor die finale bepaling van Gesondheidsdistrikte 'n kennisgewing soos beoog in subartikel (1) vir kommentaar publiseer.

15

20

25

30

Samestelling van Distriksgesondheidsraad

20. (1) Die Distriksgesondheidsraad word saamgestel uit –
- (a) 'n Raadslid wat elk van die Munisipaliteite in die onderskeie gesondheidsdistrikte verteenwoordig;
- (b) die voorsitter van elke Distrikshospitaalraad in daardie distrik of enige persoon deur hom of haar aangewys;
- (c) een verteenwoordiger uit die gemeenskapsgesondheidskomitees in die gesondheidsdistrik;

35

40

Agreements

18. The District Health Authority, after consulting the MHC, 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

Demarcation of Health Districts

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

Composition of District Health Council

20. (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) een verteenwoordiger uit die georganiseerde gesondheidssorg voorsieners;
- (e) een verteenwoordiger uit nie-regerings gesondheidsorganisasies in die gesondheidsdistrik;
- (f) die Distriksbestuurder wat *ex officio* 'n lid is.

5

- (2) Die Distriksgesondheidsbestuur voorsien die sekretariaat.

Funksies en pligte van die Distriksgesondheidsraad

10

- 21. (1) Die Distriksgesondheidsraad moet –

- (a) distriksgesondheidsplanne hersien en goedkeur;
- (b) die distriksgesondheidsbegroting hersien en goedkeur;
- (c) die aanstelling van 'n distriksbestuurder goedkeur;
- (d) probleme wat met met gesondheidsdienste in die gesondheidsdistrik verband hou, hanteer;
- (e) gesonde arbeidsverhoudinge bevorder en behulpsaam wees met onopgeloste arbeidsaangeleenthede in die distrik;
- (f) verseker dat die Distriksgesondheidsbeleid ingevolge die Nasionale en Provinsiale raamwerk geïmplementeer word;
- (g) intersektorale samewerking bevorder;
- (h) klagtes van die gemeenskap hanteer;
- (i) verseker dat rekenskap gegee word vir die begroting, hulpbronne en dienslewering aan die gemeenskap.

15

20

25

30

35

- (2) Die Distriksgesondheidsraad is aan die Provinsiale Gesondheidsowerheid aanspreeklik en moet 'n jaarlikse verslag oor dienste gelewer en die gebruik van toegewysde hulpbronne, indien.

Vergaderings van die Distriksgesondheidsraad

40

- 22. (1) Die eerste vergadering van die Distriksgesondheidsraad word gehou op 'n tyd en plek soos deur die I.UR bepaal.

- (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.

Functions and duties of the District Health Council

21. (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.

Meetings of the District Health Council

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

- (2) Die LUR stel 'n lid van die Distriksgeondheidsraad as voorsitter van die Raad aan.
- (3) By sy eerste vergadering kies die Distriksgeondheidsraad een van sy lede as ondervoorsitter van die Raad. 5
- (4) Indien die voorsitter afwesig is of vir enige rede nie in staat is om as voorsitter op te tree nie, voer die ondervoorsitter die funksies van voorsitter uit.
- (5) Die Distriksgeondheidsraad moet minstens eenkeer elke drie maande byeenkom. 10
- (6) Die kworum by die vergadering van die Distriksgeondheidsraad is 'n gewone meerderheid.
- (7) Die Distriksgeondheidsraad moet poog om sy bevoegdhede uit te oefen en sy pligte uit te voer op die basis van konsensus en, indien konsensus oor enige saak nie bereik kan word nie, kan die saak deur 'n gewone meerderheid van sy lede beslis word. 15
- (8) 'n Lid van die Distriksgeondheidsraad mag nie stem op of deelneem aan of teenwoordig wees tydens besprekings van enige saak wat voor die Raad dien nie waarby hy of sy enige geldelike of ander belang het nie. 20

Ampstermyn van lede van die Distriksgeondheidsraad

- 23. (1) 'n Lid van die Distriksgeondheidsraad beklee, onderhewig aan subartikel (3), sy amp vir hoogstens 5 jaar, soos wat die LUR mag bepaal ten tyde van sy of haar aanstelling en sal herkiesbaar wees by die verstryking van sy of haar ampstermyn. 25
- (2) 'n Lid van die Distriksgeondheidsraad, uitgesonderd die Distriksbestuurder, beklee sy of haar amp vir hoogstens twee agtereenvolgende termyne. 30
- (3) Die LUR kan, nadat hy of sy 'n lid van die Distriksgeondheidsraad die geleentheid gegun het om om sy of haar saak te stel, te eniger tyd die die ampstermyn van sodanige lid beëindig indien –
 - (a) daar goeie redes bestaan om dit te doen en dit in die beste belang van die Distriksgeondheidsraad is; 35
 - (b) hy of sy afwesig is vir meer as twee agtereenvolgende vergaderings van die Raad sonder voorafverkreë verlof van die Voorsitter.

- 5
- (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.
- 10
- (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.
- 15
- (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.
- 20
- (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.

Term of office of members of the District Health Council

- 25
23. (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.
- 30
- (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.
- 35
- (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 -
- 40
- (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.

Ontbinding van die Distriksgesondheidsraad

24. (1) Die I.UR kan die Distriksgesondheidsraad ontbind indien hy of sy rede het om te glo dat – 5
- (a) 'n Distriksgesondheidsraad sy funksies nie na behore uitvoer nie; of
- (b) dit nie langer koste-effektief of -doeltreffend is vir die voortbestaan van die Distriksgesondheidsraad nie. 10
- (2) Die I.UR moet skriftelik die betrokke Distriksgesondheidsraad uitnooi om binne 30 dae vertoë te rig voordat hy ingevolge subartikel (1) optree. 10
- (3) Nadat hy die vertoë gerig deur die Distriksgesondheidsraad oorweeg het, moet die I.UR die Distriksgesondheidsraad van sy besluit verwittig. 15
- (4) Die Distriksgesondheidsraad kan by die Provinsiale gesondheidsowerheid teen die beslissing van die I.UR appelleer.
- (5) Die I.UR kan stappe doen om die Distriksgesondheidsraad op nuut saam te stel of die Departement beveel om die funksies van die Distriksgesondheidsraad oor te neem, indien dit ingevolge subartikel (1)(a) ontbind is. 20
- (6) Die I.UR moet 'n kennisgewing publiseer waarin 'n uitnodiging gerig word vir die benoeming van lede vir 'n Distriksgesondheidsraad binne 30 dae na die ontbinding van die Distriksgesondheidsraad vir watter rede ookal. 25

HOOFSTUK 5 INTERSEKTORALE SAMEWERKING

Intersektorale samewerking

25. Die Departement verseker die intersektorale samewerking op Provinsiale vlak in sake wat 'n impak op gesondheid het deur – 35
- (1) deel te neem in 'n Interdepartementele Bestuurskomitee van die Provinsiale Administrasie en sy toepaslike subkomitees;
- (2) spesifieke programme rondom gesondheidsprobleme te ontwikkel deur nie-regerings gesondheidsorganisasies en gemeenskapsgebaseerde organisasies te betrek; 40
- (3) spesifieke programme rondom gesondheidsprobleme te ontwikkel deur die private gesondheidssektor te betrek;

Dissolution of District Health Council

24. (1) The MEC may dissolve a District Health Council if he or she has reasons to believe that -
- 5 (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.
- 10 (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).
- 15 (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.
- 20 (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).
- 25 (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

Intersectoral collaboration

25. The Department shall ensure intersectoral collaboration at Provincial level on matters impacting on health by -
- 35 (1) participating in an Interdepartmental Management Committee of the Provincial Administration and its relevant subcommittees;
- 40 (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) saam te werk, indien nodig geag, met tersiêre inrigtings in die Vrystaat en elders om navorsing en die ontwikkeling van gesondheidstelsels te bevorder.

Ooreenkomste met Tersiêre Onderwys Inrigtings

26. (1) Die I.UR kan 'n ooreenkoms aangaan met enige tersiêre inrigting wat betrokke is by die onderwys en opleiding van gesondheidsberoepslui as dit geag word om tot die voordeel van die Provinsie te wees. 5
- (2) Die ooreenkoms kan onder meer sake insluit soos – 10
- (a) die beskikbaarheid van gesondheidsfasiliteite vir praktiese opleiding; 15
 - (b) die geskiktheid van die kurrikulum om aan die basiese gesondheidsbehoeftes van die Provinsie te voldoen;
 - (c) provinsiale behoeftes vir gesondheidsberoepslui; 20
 - (d) befondsing van uitgawes deur die ooreenkoms meegebring;
 - (e) instelling, samestelling en funksies van 'n Skakeladvieskomitee;
 - (f) personeel vereistes.
- (3) Ander Provinsiale Gesondheidsdepartemente of die Nasionale Gesondheidsdepartement kan partye wees tot die ooreenkoms. 25

Gesondheidsnavorsing en stelselontwikkeling

27. Die Departement van Gesondheid moet stappe doen om behoorlike Gesondheidsnavorsing en stelselontwikkeling te verseker. 30

HOOFSTUK 6 REGTE EN VERPLIGTINGE VAN GESONDHEIDSORGVERSKAFFERS EN GESONDHEIDSORGGEBRUIKERS 35

Inligting oor dienste

28. (1) Alle Gesondheidsfasiliteite in die Provinsie moet op 'n opsigtelike plek 'n lys vertoon van dienste beskikbaar by 'n bepaalde Gesondheidsfasiliteit ter inligting van die breë publiek. 40

- (4) collaborating, if deemed necessary, with tertiary institutions in the Free State and elsewhere to promote research and health systems development.

Agreements with Tertiary Education Institutions

26. (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.

Health research and system development

27. 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

Information on services

28. (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) Die gesondheidsorgverskaffer verskaf die toepaslike inligting oor waar dienste wat nie by daardie Gesondheidsfasiliteit voorsien word nie, beskikbaar is.
- (3) Inligting soos in subartikels (1) en (2) bedoel moet so ver as wat dit prakties is in die taal van die gesondheidsgebruiker beskikbaar gestel word, met inagneming van gehoor- en visueelgestremde gesondheidsgebruikers. 5

Eerbied

29. Elke gesondheidsgebruiker is geregtig op respek vir hulle persoonlikheid, menswaardigheid en privaatheid, en om nie teen gediskrimineer word nie op een of meer gronde, met inbegrip van ras, geslag, etniese of maatskaplike herkoms, kleur, seksuele oriëntasie, ouderdom, ongeskiktheid, gesondheidstatus, swangerskap, huwelikstatus, godsdiens, gewete, geloof, kultuur, taal of geboorteplek. 10

Deelname in besluite

30. (1) Elke gesondheidsgebruiker is daarop geregtig om op 'n ingeligte basis toestemming te gee in enige besluit wat sy of haar gesondheid raak, tensy dit nie redelik prakties is om sodanige ingeligte toestemming te gee nie. 20
- (2) Die Departement moet 'n toestemmingsvorm ontwikkel en implementeer so ver as wat dit prakties is, in die taal van die gesondheidsorggebruiker.
- (3) Die toestemmingsvorm moet die volgende insluit: 25
- (a) toestemming vir toelating;
 - (b) toestemming vir behandeling; 30
 - (c) toestemming vir opvoedkundige, eksperimentele of navorsingsprojekte;
 - (d) toestemming om vertroulike inligting vry te stel;
 - (e) toestemming deur die Hoof van die Gesondheidsfasiliteit wanneer die gebruiker nie in staat is om sodanige toestemming te gee nie en daar niemand anders is wat wettiglik sodanige toestemming kan gee nie; 35
 - (f) toestemming deur voog of ouer waar gebruiker minderjarig is. 40

Verpligting om gesondheidsrekords te hou

31. (1) Die Hoof van die gesondheidsfasiliteit moet verseker dat 'n permanente gesondheidsrekord van elke gebruiker van gesondheidsdienste by daardie Gesondheidsfasiliteit gehou word. 45

(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.

Respect

29. 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.

Participation in decisions

30. (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.

Obligation to keep health records

31. (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) Die gesondheidsrekords soos beoog in subartikel (1) moet vir 'n tydperk soos deur die Wet op Nasionale Argiewe van Suid-Afrika, 1996 (Wet No 43 van 1996) bepaal, gehou word.

Vertroulikheid en toegang tot rekords

32. (1) Elke gebruiker is geregtig op vertroulikheid van alle inligting met betrekking tot sy of haar gesondheid, insluitende inligting wat met enige behandeling of verblyf in 'n gesondheidsfasiliteit verband hou. 5
- (2) Die Hoof van enige gesondheidsfasiliteit kan slegs aan die volgende persone toegang tot die gesondheidsrekords van 'n gesondheidsorgverbruiker verleen – 10
- (a) die gesondheidsorggebruiker of, indien die gesondheidsorggebruiker onder die voorgeskrewe ouderdom is, die voog of ouer van die gebruiker; 15
- (b) die administratiewe personeel en gesondheidsorgverskaffers by die Gesondheidsfasiliteit vir enige doeleindes in die verloop van hul pligte;
- (c) 'n gesondheidsorgverskaffer vir die doeleindes van studie, onderwys of navorsing, met die magtiging van die gesondheidsorggebruiker en die hoof van die gesondheidsfasiliteit, of the etiese komitee van die betrokke Gesondheidsfasiliteit soos deur internasionale etiese standaarde vereis word; 20
- (d) enige ander persoon wat skriftelike toestemming daartoe verleen is deur die gesondheidsorggebruiker, of 'n persoon wat deur wetgewing of die hof gemagtig is om toegang te kry. 25
- (3) Wanneer ook al 'n gesondheidsfasiliteit 'n gesondheidsgebruiker of 'n persoon wat toestemming vir behandeling namens die gesondheidsgebruiker verleen, voorsien met inligting vervat in die rekords van die gesondheidsorggebruiker van 'n mediese of maatskaplike aard betreffende die gesondheid van 'n gesondheidsorggebruiker, moet die gesondheidsfasiliteit die persoon wat daardie inligting ontvang voorsien met die bystand van 'n gekwalifiseerde gesondheidsorgverskaffer om hom of haar te help om die inligting te verstaan. 30 35
- (4) Die hoof van 'n gesondheidsfasiliteit kan, na oorlegpleging met die gesondheidsorgverskaffer wat primêr verantwoordelik is of 'n ander gesondheidsorgverskaffer aangewys deur die die hoof van die betrokke gesondheidsfasiliteit, tydelik 'n gesondheidsorggebruiker toegang weier tot inligting vervat in die gesondheidsorggebruiker se gesondheidsrekord, indien bekendmaking van daardie inligting dalk ernstig nadelig vir die gebruiker se gesondheid kan wees. 40

- (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 No 43 of 1996).

5 **Confidentiality and access to records**

32. (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.

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

15 (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;

20 (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;

25 (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.

- 30 (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.

- 35 (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.

Die reg om te kla

33. (1) Elke gesondheidsorggebruiker is daarop geregtig om te kla oor die wyse waarop hy of sy behandel was of is, en om skriftelik en volledig ingelig te word oor die gevolge en uitslag van so 'n klagte. 5
- (2) Die I.UR moet prosedures voorskryf en meganismes vestig vir die indiening van klagtes.

Verpligtinge van gebruikers 10

34. Gesondheidsorggebruikers moet –

- (a) na hul eie gesondheid omsien, dit beskerm en bevorder; 15
- (b) die regte van ander gesondheidsorggebruikers respekteer;
- (c) die reëls nakom betreffende die organisering en werking van dienste en gesondheidsfasiliteite, onderhewig aan die reg om klagtes teen die dienslewerende owerheid in te dien; 20
- (d) die verantwoordelikheid aanvaar vir die behoorlike gebruik van voordele deur die gesondheidstelsel voorsien;
- (e) seker maak dat hulle nie die lewens van ander gesondheidsorggebruikers en gesondheidsorgverskaffers in gevaar stel nie; 25
- (f) met gesondheidsorgverskaffers in verband met hulle situasie saamwerk;
- (g) gesondheidsorgverskaffers met waardigheid en respek behandel; 30
- (h) saamwerk om gesondheidsfasiliteite in 'n leefbare toestand in stand te hou;
- (i) onderhewig aan die bepalings van hierdie of enige ander wet die vasgestelde gesondheidsorggebruikergelde betaal; 35
- (j) 'n ontslagsertifikaat onderteken indien hulle weier om die aanbevole behandeling te ontvang;
- (k) nie tabakprodukte, nie-voorgeskrewe alkoholprodukte of enige onwettige middel in die gesondheidsfasiliteit gebruik nie. 40

Right to complain

- 5 33. (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 mechanism for lodging complaints.

10 **Obligations of users**

34. Health care users shall -

- 15 (a) care for, protect, and promote their own health;
- (b) respect the rights of other health care users;
- 20 (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;
- 25 (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;
- 30 (g) treat health care providers with dignity and respect;
- (h) co-operate in maintaining health facilities in habitable condition;
- 35 (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;
- 40 (k) not use tobacco products, non-prescribed alcohol products or any illegal substance in the health facility.

Pligte van gesondheidsorgverskaffers

35. Gesondheidsorgverskaffers moet elke plig nakom teenoor elke pasiënt, insluitende die plig –
- (a) om alle pasiënte met waardigheid en respek te behandel; 5
 - (b) om die beste gehalte sorg wat nodig is te voorsien;
 - (c) om pasiënte te betrek by beslissings rakende hulle behandeling; en 10
 - (d) om nie tabakprodukte, nie-voorgeskrewe alkohol produkte of enige onwettige middel in die gesondheidsfasiliteit te gebruik nie.

HOOFTUK 7 OMVATTENDE PRIMêRE GESONDHEIDSORG 15

Omvattende Primêre Gesondheidsorg

36. (1) Die IUR moet by kennisgewing in die *Provinsiale Koerant* die pakket van gesondheidsorg wat voorsien word reguleer. 20
- (2) Die gesondheidsorgpakket op elke vlak moet toeganklik, aanvaarbaar, bekostigbaar, doeltreffend, omvattend en geïntegreerd wees met bevorderende, voorkomende, kuratiewe en rehabiliterende dienste. 25
- (3) Die Departement moet die voortdurende implementering van gesondheidsdienste op alle vlakke verseker om –
- (a) duplikasie en fragmentasie van gesondheidsdienste te voorkom en te verwyder; 30
 - (b) die gehalte van gesondheidsdienste binne die beskikbare hulpbronne te verbeter en in stand te hou; en
 - (c) alle struikelblokke in die pad van toegang tot gesondheidsdienste te verwyder waar moontlik. 35
- (4) Die Departement moet die doeltreffendheid van die onderskeie gesondheidssorgpakkette op 'n gereelde grondslag hersien en monitor.

Duties of health care providers

35. 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

Comprehensive Primary Health Care

36. (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.

HOOFSTUK 8 PASIËNT, VERVOER, VERWYSINGS EN NOODDIENSTE

Pasiënte, vervoer en verwysings

37. (1) Die Departement moet verseker dat daar 'n doeltreffende en toepaslike verwysingstelsel tussen gesondheidsfasiliteite bestaan. 5
- (2) Die verwysingsstelsel moet die volgende in ag neem: 10
- (a) die gesondheid van die gebruiker;
 - (b) pakkette van dienste beskikbaar;
 - (c) bevoegdheid van die gesondheidsorgverskaffer; 15
 - (d) toepaslike tegnologiese en persoonlike personeelondersteuning; en
 - (e) struikelblokke in die pad van gesondheidsdienste. 20
- (3) Die Departement moet pasiëntevervoer tussen gesondheidsfasiliteite voorsien, indien daar 'n behoefte is.

Mediese nooddienste

38. (1) Die Departement moet 'n toereikende ambulansdiens vestig en in stand hou vir die vervoer van pasiënte na en van gesondheidsfasiliteite binne die Provinsie. 25
- (2) Die Departement kan 'n ooreenkoms met 'n munisipaliteit of enige private sektor entiteit aangaan om 'n ambulansdiens op 'n agentskapsbasis te bedryf. 30
- (3) Die IUR kan ambulansgelde voorskryf.
- (4) Die IUR kan opleidingsgeriewe vir die opleiding van mediese nooddienste personeel in die lewe roep en in stand hou. 35
- (5) Die Departement moet sorg vir ramp- en noodweerbaarheid vir gesondheidsdienste.

Registrasie van private ambulansdienste

39. (1) Geen persoon mag 'n privaat ambulansdiens stig, bedryf of in stand hou nie tensy sodanige private ambulansdiens soos voorgeskryf deur die IUR geregistreer is. 40

CHAPTER 8

PATIENT, TRANSPORT, REFERRAL AND EMERGENCY SERVICES

Patient transport and referrals

- 5
37. (1) The Department shall ensure that there is an efficient and appropriate referral system between the health facilities.
- 10 (2) The referral system shall take into consideration the following:
- (a) the health of the user;
- (b) packages of services available;
- 15 (c) competency of the health care provider;
- (d) appropriate technological and personnel support; and
- (e) barriers to health services.
- 20 (3) The Department shall provide patient transport between health facilities, if there is a need.

Emergency medical services

- 25
38. (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.
- 35 (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.

Registration of private ambulance services

- 40
39. (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) Die I.UR kan –

- (a) 'n private ambulansdiens registreer vir sodanige tydperk en op sodanige voorwaardes as wat hy of sy geskik mag ag; 5
- (b) weier om 'n private ambulansdiens te registreer of kan te eniger tyd , sodanige registrasie kanselleer, as na sy of haar mening –
 - (i) die voertuie en toerusting van sodanige private ambulansdiens ongeskik en ontoereikend is; 10
 - (ii) die private ambulansdiens beskik nie oor genoegsame en geskikte personeel nie; 15
 - (iii) die wyse waarop so 'n diens bedryf word kan dalk nadelig wees vir die fisiese, of geestelike welsyn van die pasiënte; 20
 - (iv) enige van die voorwaardes onderworpe waaraan die registrasie van die betrokke ambulansdiens goedgekeur is, nie nagekom is nie; of
 - (v) dit nie wenslik is in die openbare belang nie. 25

**HOOFTUK 9
GESONDHEIDSINLIGTING EN NAVORSING**

25

Provinsiale Gesondheidsinligtingstelsel

40. (1) Die Departement moet 'n Provinsiale Gesondheidsinligtingstelsel ontwikkel en in stand hou wat –
- (a) voldoen aan die maatstawwe van die Nasionale Gesondheidsinligtingstelsel; 30
 - (b) die gebruik van data by beplanning, programmering, bevoorrading, begrotingsevaluasie en verbetering van openbare en ander gesondheidsdienste; 35
 - (c) saamwerk met akademiese navorsingsinrigtings, private gesondheidsorgverskaffers, gemeenskapsgebaseerde organisasies of enige liggaam van die samelewing betrokke by gesondheidsverwante navorsing; 40
 - (d) doeltreffende en doelmatige kommunikasie in die Departement bevorder.

(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

Provincial Health Information System

40. (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) promote efficient and effective communication in the Department.

(2) Die Departement moet –

(a) wyl hy gesondheidswaarneming uitvoer of gesondheidsinligting bekom –

- (i) met gemeenskappe oorleg pleeg, gemeenskapsidentifikasie van gesondheidsprobleme en geskikte oplossings aanmoedig en ontwikkel; 5
- (ii) met openbare en private voorsieners van gesondheidsdienste en ander belanghebbende partye oorleg pleeg, in die belang daarvan om omvattende gesondheidsinligting te bekom; 10
- (iii) die betroubaarheid van inligting wat verkry is, die akkurate interpretasie en ontleding daarvan, verseker; 15
- (iv) verseker dat inligting wat verkry is toeganklik gemaak word vir die gemeenskap, gesondheidsorgverskaffers en ander belanghebbende partye;

- (b) akkurate, stiptelike en volledige gesondheidsinligting vir insluiting in die Nasionale Gesondheidsinligtingstelsel verseker; en 20

- (c) verseker dat die identiteit en persoonlike besonderhede van enige persoon van wie inligting bekom is, vertroulik gehou word. 25

HOOFSTUK 10

GESONDHEIDSBEVORDERING, OPVOEDING EN SIEKTEVOORKOMING

Gesondheidsbevordering

41. (1) Die Departement moet in samewerking met ander rolspelers bydra tot – 30

- (a) die ontwikkeling en implementering van programme om die maatskaplike, geestelike en liggaamlike welsyn van die gemeenskap te verbeter ten einde 'n gesonde en selfstandige gemeenskap te bevorder; 35
- (b) die verwesenliking van 'n gesonde omgewing in die Provinsie.

(2) Die Departement moet – 40

- (a) voorkeure vir gesondheidsbevordering in die Provinsie bepaal;
- (b) ondersteuning aan gesondheidsbevorderingsmaatreëls wat deur Distrikgesondheidsowerhede geïnisieer is, koördineer en evalueer;

(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

Health promotion

41. (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) opleiding verskaf aan gesondheidsorgverskaffers oor sake wat met gesondheidsbevordering verband hou;
- (d) intersektorale samewerking op gesondheidsbevordering bevorder en implementeer; 5
- (e) gesondheidsbevorderingsmateriaal ontwikkel wat vir die mense toeganklik is deur toepaslike tale en ander vorms van kommunikasie te gebruik.

Siektevoorkoming 10

42. (1) Die Departement moet –
- (a) die Distriksgesondheidsowerheid in die bestryding van epidemies ondersteun; 15
 - (b) sorg vir stiptelike toepassing van maatreëls om die voorkoms van epidemies te verhoed;
 - (c) fasiliteite voorsien vir die afsondering van pasiënte met hoogs aansteeklike siektes insluitende veel-middel weerstandbiedende tuberkulose. 20

Regulasies

43. Die IUR kan regulasies uitvaardig met betrekking tot enige saak wat hy of sy noodsaaklik of raadsaam ag om voor te skryf ten einde doelstellings van die Wet te verwesenlik. 25

Herroeping van wette

44. Die wette in Bylae 3 genoem word hiermee herroep in die mate in die tweede kolom van daardie Bylae aangedui. 30

Kort titel

45. Hierdie Wet heet die Vrystaat Provinsiale Wet op Gesondheid, 1999. 35

- 5
- (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.

10 **Disease prevention**

42. The Department shall –

- 15
- (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.

20 **Regulations**

43. 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.

25 **Repeal of laws**

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

30 **Short title**

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

BYLAE 1

PROVINSIALE FUNKSIES

Deel 1

1. Formulering en implementering van provinsiale gesondheidsbeleid, norme, standarde en wetgewing;
2. Sorg vir die voorsiening van sekondêre hospitaaldienste;
3. Sorg vir die voorsiening van gespesialiseerde hospitaaldienste;
4. Sorg vir die voorsiening van gesondheidsdienste in akademiese gesondheidsentra;
5. Sorg vir die beplanning en bestuur van 'n provinsiale gesondheidsinligtingstelsel;
6. Sorg vir die keuring van aansoeke vir lisensies en die inspeksie van private gesondheidsgeriewe;
7. Sorg vir interprovinsiale en intersektorale koördinerings en samewerking;
8. Sorg vir die koördinerings van befondsings en finansiële bestuur van Distriksgesondheidsowerhede;
9. Sorg vir die voorsiening van tegniese en logistieke ondersteuning aan die Distriksgesondheidsowerhede;
10. Sorg vir navorsing op, en die beplanning, koördinerings, monitering en evaluering van gesondheid, en van die gesondheidsdienste wat in die Provinsie gelewer word;
11. Sorg dat nasionaal gedelegeerde funksies uitgevoer word.

Deel 2

12. Sorg vir die voorsiening van omvattende primêre gesondheidsorgdienste;
13. Sorg vir die voorsiening van gemeenskapshospitaaldienste;
14. Sorg vir toepaslike menslike hulpbronnbestuur en ontwikkeling;
15. Sorg vir die lewering en koördinerings van mediese nooddienste;
16. Sorg vir die lewering van mediese regsdienste;
17. Sorg vir die lewering van gesondheidsdienste aan persone wat aangehou, in hegtenis of aangekla is;

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. Sorg vir gehaltebeheer van alle gesondheidsdienste en geriewe;
19. Sorg vir die lewering van spesifieke provinsiale diensprogramme;
20. Sorg vir die voorsiening van nie-persoonlike gesondheidsdienste;
21. Sorg vir die voorsiening en instandhouding van toerusting, voertuie en gesondheidsorggeriewe;
22. Sorg vir effektiewe oorlegpleging betreffende gesondheidsake op gemeenskapvlak;
23. Sorg vir die voorsiening van beroepsgesondheidsdienste.

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.

BYLAE 2

PLIGTE VAN DISTRIKSGESONDHEIDSOWERHEDE

1. Om gesondheidsbevorderingsdienste te lewer;
2. Om voorsiening te maak vir intersektorale samewerking met ander regerings en nie-regeringssektore by die bevordering van gesondheid en die lewering van gesondheidsdienste in die area wat deur die gesondheidsdistrikte bedien word;
3. Om voorsiening te maak vir gemeenskapsdeelname in gesondheidsbevordering en gesondheidsdienslewering in die gesondheidsdistrik, met inbegrip van die bevordering van die kapasiteit van lede van die gemeenskap om tot hul volle potensiaal deel te neem;
4. Om gesondheidsdienste te lewer aan gemeenskappe, gemeenskapshospitale, kliniek, gemeenskapsgesondheidssentra en ander geriewe;
5. Om voedingsdienste, insluitende opnames, promosies en voorligting te lewer;
6. Om toepaslike behandeling vir siektes en beserings te lewer;
7. Om verloskundige en kraamdienste, insluitende voorgeboortelike-, bevallings-, na-geboortelike- en alle verbandhoudende dienste te lewer;
8. Om voorkomende, promotiewe, kuratiewe en rehabilitiewe gesondheidsdienste vir kinders en jongmense, insluitende dienste by skole en inrigtings, en met inbegrip van gesondheidsorg ingrypings vir kinders met leerprobleme en vir diegene wat in moeilike omstandighede verkeer, te lewer;
9. Om sorg vir bejaardes te lewer in samewerking met ander regerings en nie-regeringssektore;
10. Om sorg vir mense met gestremdhede te lewer in samewerking met ander regerings- en nie-regeringssektore, insluitende gemeenskapsrehabilitasiedienste;
11. Om geestesgesondheidsdienste te lewer;
12. Om mondgesondheidsdienste te lewer;
13. Om behandeling vir kroniese siektes te lewer;
14. Om mediese maatskaplikewerkdienste te lewer;
15. Om sorg vir pasiënte wat terminaal siek is te lewer, insluitende gemeenskapsverpleegdienste en tuissorgdienste;

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. Om rehabilitasie dienste te lewer;
17. Om voorkomende en promotiewe dienste vir oordragbare en nie-oordraagbare siektes (insluitende oogkundige dienste) te lewer;
18. Om gesinsbeplanningsdienste te lewer;
19. Om die voorsiening van toepaslike beroepsgesondheidsdienste te verseker;
20. Om noodsaaklike ongeluks- en nooddienste binne gesondheidsgeriewe te lewer;
21. Om primêre omgewingssorgdienste te lewer, insluitende die instandhouding van die gebied in 'n higiëniese toestand, die bevordering van omgewingshigiëne, die ondersoek van klagtes, toepassing van omgewingsgesondheidswetgewing (sanitasie, behuising, rook, geraas, rommel, voedselhigiëne en beroepshigiëne), en die identifikasie en beheer van plaaslike gesondheidsgevaar;
22. Om noodsaaklike mediese-regsdienste te lewer;
23. Om in samewerking met die betrokke owerhede dienste te lewer aan diegene wat in hegtenis geneem is, aangehou word en aangekla is;
24. Om dienste op gemeenskapsvlak hospitale te lewer.

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.

BYLAE 3

Wette wat herroep is

(Artikel 42)

Titel, No en Jaar van Wet	Omvang van herroeping
1. Wet op Gesondheid, 1983 (Wet No 12 van 1983) (Bophuthatswana)	Die herroeping van hele Wet in soverre dit in die Provinsie van toepassing is
2. Qwaqwa Gesondheidswet, 1985 (Wet No 13 van 1985)	Herroeping in geheel

SCHEDULE 3**Laws repealed****(Section 42)**

Title, No and Year of Law		Extent of repeal
1.	Health Act, 1983 (Act No 12 of 1983) (Bophuthatswana)	The repeal of the whole Act in so far as it applies in the Province
2.	Qwaqwa Health Act, 1985 (Act No 13 of 1985)	The repeal of the whole

PROVINCIAL GAZETTE

(Published every Friday)

All correspondence, advertisements, etc. must be addressed to the Officer in charge of the Provincial Gazette, P.O. Box 517, Bloemfontein. Free Voucher copies of the Provincial Gazette or cuttings of advertisements are NOT supplied. If copies of the Provincial Gazette are required, R4,70 must be sent for each copy.

Subscription Rates (payable in advance)

The subscription fee for the Provincial Gazette (including all Extraordinary Provincial Gazettes) are as follows:

Half-yearly (post free)	R	122,50
Yearly (post free)	R	245,00
Price per single copy (post free)	R	4,70

Stamps are not accepted

Closing time for acceptance of copy

All advertisements must reach the Officer in Charge of the Provincial Gazette not later than 12:00, seven working days prior to the publication of the Gazette. Advertisements received after that time will be held over for publication in the issue of the following week, or if desired by the advertiser, will be inserted in the current issue as a "Late Advertisement". In such case the advertisement must be delivered to the Officer in Charge not later than 10:30 on the Thursday of the week preceding the publication of the Gazette and double rate will be charged for that advertisement.

A "Late Advertisement" will not be inserted as such without definite instructions from the advertiser.

Advertisement Rates

Notices required by Law to be inserted in the Provincial Gazette: R2,00 per centimeter or portion thereof, single column.

Advertisement fees are payable in advance to the Officer in charge of the Provincial Gazette, P.O. Box 517, Bloemfontein, 9300.

Printed and published by the Free State Provincial Administration

PROVINSIALE KOERANT

(Verskyn elke Vrydag)

Alle korrespondensie, advertensies, ens. moet aan die Beampte Belas met die Provinsiale Koerant, Posbus 517, Bloemfontein, geadresseer word. Gratis eksemplare van die Provinsiale Koerant of uitknipsels van advertensies word NIE verskaf nie. Indien eksemplare van die Provinsiale Koerant verlang word, moet R4,70 vir elke eksemplaar gestuur word.

Intekengeld (vooruitbetaalbaar)

Die intekengeld vir die Provinsiale Koerant (insluitend alle Buitengewone Provinsiale Koerante) is soos volg:

Halfjaarliks (posvry)	R122,50
Jaarliks (posvry)	R 245,00
Prys per los eksemplaar (posvry)	R 4,70

Seëls word nie aanvaar nie.

Sluitingstyd vir die Aannee van Kopie

Alle advertensies moet die Beampte Belas met die Provinsiale Koerant bereik nie later nie as 12:00 sewe werksdae voordat die Koerant uitgegee word. Advertensies wat na daardie tyd ontvang word, word oorgehou vir publikasie in die uitgawe van die volgende week, of as die adverteerder dit verlang, sal dit in die Koerant wat op die pers is as 'n "Laat Advertensie" geplaas word. In sulke gevalle moet die advertensie aan die Beampte oorhandig word nie later nie as 10:30 op die Donderdag van die week voordat die Koerant gepubliseer word en dubbeltarief sal vir dié advertensie gevra word.

'n "Laat Advertensie" sal nie sonder definitiewe instruksies van die Adverteerder as sodanige geplaas word nie.

Advertensietariewe

Kennisgewings wat volgens Wet in die Provinsiale Koerant geplaas moet word: R2,00 per sentimeter of deel daarvan, enkelkolom.

Advertensiegelde is vooruitbetaalbaar aan die Beampte belas met die Provinsiale Koerant, Posbus 517, Bloemfontein 9300.

Gedruk en uitgegee deur die Vrystaatse Provinsiale Administrasie

No

No