

LECTURE NOTES

For Health Extension Trainees in Ethiopia

<https://ismailpages.wordpress.com/>
<https://ismailawabdi.wordpress.com/health/>

Health Ethics and Health Laws



**Ethiopia Public Health
Training Initiative**

Challi Jira

Jimma University

In collaboration with the Ethiopia Public Health Training Initiative, The Carter Center,
the Ethiopia Ministry of Health, and the Ethiopia Ministry of Education

November 2004



Funded under USAID Cooperative Agreement No. 663-A-00-00-0358-00.

Produced in collaboration with the Ethiopia Public Health Training Initiative, The Carter Center, the Ethiopia Ministry of Health, and the Ethiopia Ministry of Education.

Important Guidelines for Printing and Photocopying

Limited permission is granted free of charge to print or photocopy all pages of this publication for educational, not-for-profit use by health care workers, students or faculty. All copies must retain all author credits and copyright notices included in the original document. Under no circumstances is it permissible to sell or distribute on a commercial basis, or to claim authorship of, copies of material reproduced from this publication.

©2004 by Challi Jira

All rights reserved. Except as expressly provided above, no part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without written permission of the author or authors.

This material is intended for educational use only by practicing health care workers or students and faculty in a health care field.

Acknowledgements

The development of this lecture note for training Health Extension workers is an arduous assignment for Ato Challi Jira at Jimma University.

Essentially, it required the consolidation and merging of existing in depth training materials, examination of Health Extension Package manuals and the Curriculum.

Recognizing the importance of and the need for the preparation of the lecture note for the Training of Health Extension workers THE CARTER CENTER (TCC) ETHIOPIA PUBLIC HEALTH TRAINING INITIATIVE (EPHTI) facilitated the task for Jimma University to write the lecture note in consultation with the Health Extension Coordinating Office of the Federal Ministry of Health.

Finally the Federal Ministry of Health would like to express special words of gratitude for those who contributed and endeavored to the development of this lecture note and to TCC/USAID for the technical and financial support.

Table of Contents

Topics	Pages
Acknowledgement	i
Table of contents	ii
Introduction	1
UNIT ONE: Background and Rationale.....	3
1.1 Background	3
1.2 Rationale of Ethics	8
UNIT TWO: Health Ethics	10
UNIT THREE: Principles of Ethics for Health Extension Workers ..	15
UNIT FOUR: Existing Health Laws in Ethiopia	22
Bibliography	42
Appendix 1: Public Health Proclamation.....	45

Introduction

Currently the government of Ethiopia has decided to introduce an innovative community-based health care delivery system aimed at creating healthy environment as well as healthful living by introducing a Health Extension package programme.

The health extension service is being provided as a package focusing on preventive health measures targeting households at the kebele level. A new cadre of health namely health extension package workers are undergoing training to take responsibilities in implementing health extension programme.

The delivery of a meaningful health service can only be successful when accompanied by sound principle of Health Ethics and adequate knowledge of health laws related to health service delivery system.

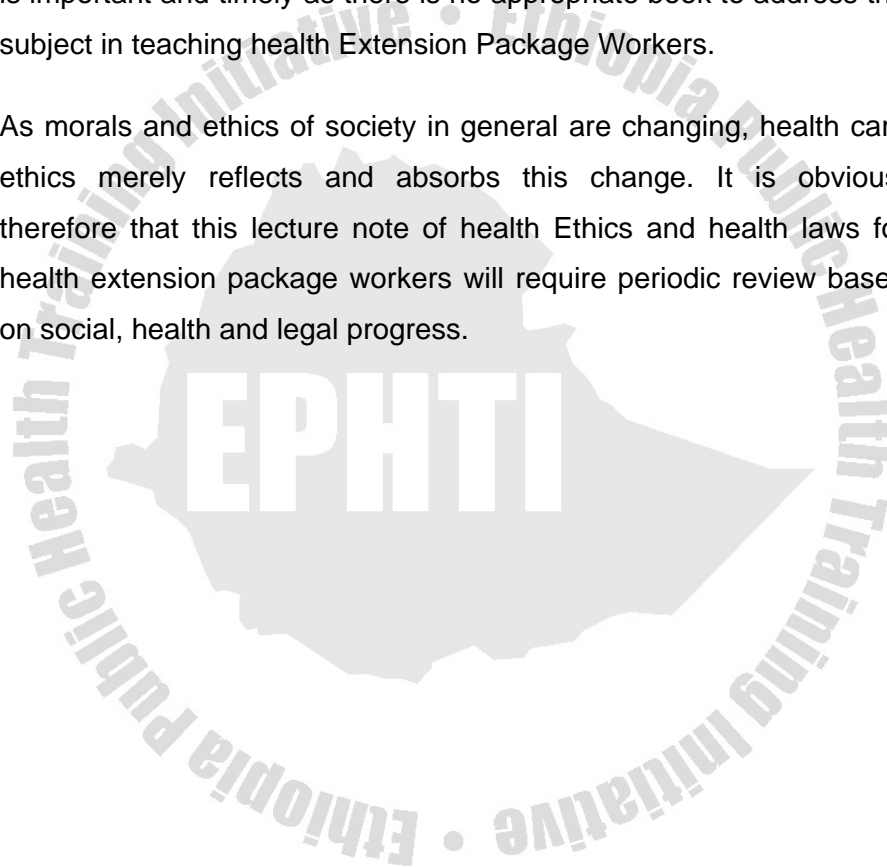
Ethics is a system of moral principles, rules of conduct about a particular class of human action or a particular group of people. It is also that branch of philosophy dealing with value relating to human conduct in respect to whether certain actions are right or wrong and whether the motives and ends of such actions are good or bad.

The issue of human rights-personal, civic and those that are international in scope has been brought often to the public's attention

in the past several years. Nowhere is this issue more important than in delivery of health care.

The preparation of this lecture note on health Ethics and health laws is important and timely as there is no appropriate book to address the subject in teaching health Extension Package Workers.

As morals and ethics of society in general are changing, health care ethics merely reflects and absorbs this change. It is obvious, therefore that this lecture note of health Ethics and health laws for health extension package workers will require periodic review based on social, health and legal progress.



UNIT ONE

Background and Rationale

1.1 Background

Ethics is the philosophical study of the moral value of human conduct and the rules that govern it. The practical manifestations of ethics relates to codes of normative behaviour for society and an awareness of issues within society that have moral importance.

Ethics have been particularly associated with specific groups in society that are deemed to have societal responsibility. Professions are among such groups. What is certain is that professions have a prestigious, powerful and trusted place in society and both the public and the law expect high standards of conduct, especially where society allows self-regulation.

The purpose of this code of ethics is to serve as a guide to conduct Health Service Extension programmes. It contains standards of ethical behaviour for Health Extension workers in fulfilling their duties and responsibilities.

Policy on Health

The policy as supporting environment:

Health has long been and is increasingly a concern of all people as citizens of the world, as citizens of sovereign nations, as participants in the endeavours of the field of social welfare/social development, and as professionals engaged directly or indirectly in various roles in the human services.

In keeping with their holistic view of the person, health extension package workers view health as defined by the World Health Organization (WHO), namely as a positive state of physical, mental and emotional well-being. Illness is seen as the converse of health and includes suffering from sickness and disablement, contagious diseases and diseases of deprivation that involve the lack of food, of clean water, of pure air, of safe shelter, of health services, and of social services.

The policy as a guide for action is a means for identifying and addressing issues of health and illness that affect the individual, the family (and particularly the vulnerable family), the neighborhood, the region, the country, and also the world - defined both as the collectivity of all people and as the fragile and endangered environment on which all life ultimately depends.

Effective strategies on Health Service Development Programme (HSDP) call for informed support by individual health extension worker, organizations on a range of broad public policies that include the following: policies on the equitable distribution of health; policies on population and family planning; policies on the production of food; policies to eliminate adult illiteracy and to offer every child and young person the knowledge and skills needed for socially and economically productive lives; policies on housing, shelter and space for secure family and communal living; policies on the provision of education on health and safety and on occupational and lifestyle hazards; policies on the provision of child and maternal health services, immunization and nutrition.

The provision of health services is most effectively achieved within the ambit of "primary health care", WHO's conceptual framework which extends to the macro policies referred to above as well as focusing on direct measures for individual and communal health. Health needs are best met when the functions and activities of medical, nursing and other health workers are integrated with Health Extension Package Worker similarly trained in health prevention and promotion.

The importance of the issues associated with health implies responsibility for Health Extension worker to become familiar with its extensive body of relevant knowledge, partly outlined as follows:

- The linkages between health policies and human rights policies including those relating to the rights of the child, the rights of oppressed minorities and of refugees fleeing from oppression;
- The structures and programmes of international governmental and non-governmental organizations, and of multinational corporations, that have an impact on health and illness;
- The psychosocial aspects of illness, disability and disease;
- The factors that promote positive health and well-being;
- The range of social, economic, cultural and political factors that cause or contribute to illness and disability;
- The range of positive and negative factors in the physical environment that affect the quality of air, water and food;
- The range and nature of physical, mental and emotional illnesses and disabilities throughout the world;
- The factors affecting the HIV/AIDS pandemic and the mammoth measures needed to prevent its proliferation, to ameliorate and treat its physical, emotional, and social symptoms and to seek its cure;

- The special need for health care and other supportive measures for women and, especially, women caring for children;
- Theories of the prevention of illness, disability and communicable diseases;
- The range of measures and modalities that have been developed to prevent illness, disability and disease, including lifestyle illnesses associated with smoking, alcohol consumption and other forms of substance abuse, eating disorders, lack of physical activity and the operation of vehicles under unsafe conditions;
- The range of measures and modalities, including traditional and modern medicine, for the treatment of illness, disability and disease;
- The impact of working conditions on the health of workers and on family life;
- The functioning of inter-disciplinary teams and other forms of collaboration among different categories of health personnel that contribute to healthy social policy;
- The role of consumers of health services, both as recipients of the services of others and in self-help roles;

1.2 Rationale of Ethics for Health Extension Workers

The mandate to assure and protect the health of the public is an inherently moral one. It carries with it an obligation to care for the well being of others and it implies the possession of an element of power in order to carry out the mandate.

The general conduct of public health practice concerns the professionals, individuals and the community at large. Ethical issues often arise as a result of conflict among competing sets of values, such as, in the field of public health, the conflict between the rights of individuals and the need of communities.

The code of ethics for public health will clarify the distinctive elements of public health and the ethical principles that follow from or respond to those distinct aspects. The Health Extension workers will be abided by code of ethics of public health in rendering public health services.

The concerns of public health are not fully consonant with those of medicine, however, thus we can not simply translate the principles of medical ethics to public health. For example, in contrast to medicine, public health is concerned more with populations than individuals, and more with prevention than with cure.

In the context of Health Service extension programme (HSEP) the ethical issues include equity, justice, equality and human rights.

These ideals should continue to be of primary importance in providing Health service extension programme (HSEP). Health education, nutrition, basic hygiene and sanitation, family health, immunization, prevention and control of HIV, TB, malaria and first aid are major areas of focus in HSEP. Unless all these elements are provided adequately and continuously without interruption, HSEP will have no meaning. There are no priorities in these, and they must be offered as complete package.

It is highly unethical to keep people ignorant about the causes, control and prevention of diseases, about a healthy life style, and about the social and community responsibilities of the people. Yet this is exactly what happens in the absence of public health education.

UNIT TWO

Health Ethics

Learning objectives.

At the end of this unit the trainee will be able to:

- Know applied principles of Ethics
- Understand basic concepts and definitions of Ethics
- Understand importance of Ethics
- Use information included in the unit

Ethics and Morality

Health ethics have common features in different countries. However, each country adopts certain modifications according to prevailing local culture, religious beliefs, social norms and standards of public health practice. In Ethiopia, the need for modification of code of ethics is based on current beliefs, standards of public health practice and religious concepts. Certain matters which are peculiar to the practice of profession of health extension are largely left to the conscience of the individual health extension worker, but the Ministry of Health by virtue of its legal power vested upon it, has a particular interest to codifying publicizing and enforcing ethical consideration on all health cadres in Ethiopia.

Definition of Ethics and Morality

The word ethics is derived from the Greek ethos, which means custom or culture, a manner of acting or constant mode of behaviour. Thus, **Health ethics may be defined as a code of behaviour accepted voluntarily, within the profession as, opposed to laws, regulations and directives issued by official body or scientific study of morality.** It teaches us how to judge accurately the moral goodness or badness of human action.

Morality

Definitions:- **Morality is the science concerned with the distinction between right and wrong. A moral act is one that is carried out with at least some degree of knowledge and freedom, proceeding from man's rational nature. A moral act (a human act which involves some principles of moral law), which is in conformity with moral law, is called good but if opposed to moral law, it is called bad.** An act which is done with full knowledge and full freedom of choice is a perfect moral act while an act in which both knowledge and/or freedom is/or deficient is called an imperfect moral act. An act, which may be either good or bad but carried out with good intentions, is referred to a positive moral act. On the contrary an act which entails omission such as an offence committed by neglect of duty, is called a negative moral act. Factors, such as ignorance,

emotion, violence and habit, that may lessen human knowledge or freedom, may result in hindrance to accountability.

Public Health Ethics - concerns the professionals, individuals and the community at large. Focus on the mandate to assure and protect the health of the public-which is inherently moral one.

Importance of Ethics

- To help health professional identify moral and ethical issues,
- To know what is right and wrong about what should and should not be done for and to client,
- To know and respect the issues of human rights, personal and civic.

Basic Ethical Principles (General)

There are five widely accepted ethical principles as put forward by Thiroux, 1995.

The Principle of Autonomy:

This principle means that people, being individuals with individual differences must have a freedom to choose their own ways and means of being moral with the framework of the other four principles.

Respect for autonomy involves respecting another persons rights and dignity such that a person reaches a maximum level of fulfillment as a human being. In the context of health care this means that the relationship between client is based on a respect for him or her as a person and with individual rights.

Rights in relation to health care are usually taken to include:

- The right to information
- The right to privacy and confidentiality
- The right to appropriate care and treatment

Beneficence (doing good)

Frankena (1963) suggests that beneficence means doing or promoting good as well as preventing, removing and avoiding evil or harm.

E.g. Giving clients clean needles, condoms and provide information about emergency first aid to reduce the risks of HIV infection or accident.

Non-maleficence (doing no harm)

Non-maleficence holds a central position in the tradition of medical ethics and guards against avoidable harm to subjects.

Justice (fairness)

This principle states that human being should treat other human being fairly and justly in distribution goodness and badness among them. In other words justice should include:

- Fair distribution of scarce resources
- Respect for individual and group rights
- Following morally acceptable laws

The principle of truth telling (honesty)

At the heart of any moral relationship is communication. A necessary component of any meaningful communication is telling the truth, being honest.

UNIT THREE

Principles of Health Ethics For health Extension Workers

The following principles are intended to aid Health Extension Worker individually and collectively in maintaining a high level of ethical conduct. They are not laws, but stands by which Health Extension worker may determine the propriety of his/her conduct in his relationship with:-

- client/community members/community organizations
- Other members of health professions
- Government authorities and other sectors

Section 1: The principal objective of Health Profession is to render services to humanity with full respect for dignity of people. Health Extension Worker should merit the confidence of communities and of individuals entrusted in their care, rendering always a full measure of service and devotion.

Section 2: Competence: Health Extension Worker should perform only those procedures in which the Health Extension Worker is competent by virtue of specific training or

experience. Health Extension Worker must not misrepresent credentials, training, experience, ability or results.

Section 3: Health Extension Worker should recognize health and illness in the broader context of social, environmental, political and economic factors as related to Health Service Extension programmes

Section 4: Health Extension Worker practice concerns in prevention of illness and diseases and ensuring the well being of the rural mass.

Section 5: The Health Extension worker (HEW) should safeguard the public and herself against health hazards. Health Extension Workers should observe all, polices and guidelines up hold the dignity and honor in performing his/her duties at all times.

Section 6: HEW should achieve community health in a way that respects the rights of individuals in the community at large.

Section 7: HEW worker should see that public health policies, guidelines and programmes, should be developed and evaluated through processes that ensure an opportunity for input from community members,

Section 8: HEW should advocate for, or work for the empowerment of, community members, ensuring that

the basic resources and conditions necessary for health are accessible to all people in the community. As an advocates in the community setting. Health Extension worker should:-

- Inform the clients and promote informed consent;
- Empower the client and protect autonomy;
- Protect the rights and interests of clients where they cannot protect their own;
- Ensure clients have fair access to available resources;
- Represent and support the views/desires of the clients and not just their needs.

Section 9: HEW should see that Health Service Extension programmes and polices should be implemented in a manner that must enhances the promotive and preventive health services.

Section 10: HEW must protect the confidentiality of information that can bring harm to an individual or community.

Section 11: Additional opinion(s) shall be obtained if requested by the client. Consultations(s) made to protect or safeguard client for further investigations and management

- Section 12: The Impaired Health Extension worker:** A physically, mentally, or emotionally impaired Health Extension Worker should withdraw from those aspects of practice affected by the impairment. If the Health Extension worker does not withdraw, it is the duty of others who know of the impairment to take action to attempt to prevent him from harming himself or others.
- Section 14:** Health Extension Worker should carry out the best interest of the clients.
- Section 15:** HEW experience, judgment and practice must not be affected by economic interest in, commitment to, or benefit from health related commercial enterprises.
- Section 16:** Communications to colleagues must be accurate and truthful.
- Section 17:** Communications to the community must be accurate. She/He must not convey false, untrue, deceptive, or misleading information through statements, testimonials, photographs, graphics, or other means. They must not omit material information, without which the communication would be deceptive. Communications must not appeal primarily to an individual's anxiety or create unjustified expectations of results. Communications must not misrepresent the Health Extension worker credentials, training,

experience, or ability and must not contain material claims of superiority that cannot be substantiated.

Section 18: Health Extension worker may not reveal confidence entrusted to her in the course of attending clients, or the deficiencies she may observe in the character of clients, or unless it becomes necessary in order to protect the welfare of the individual or community.

Section 19: Advertisement and Publicity

- The Health Extension worker in her practice shall avoid direct or indirect self-advertisement.

Section 20: Health Extension worker should participate and must have interest in all activities of the community which have the purpose of improving both the health and well-being of individuals and the community.

Section 21: The Health Extension Worker is expected to be friendly in carrying out her responsibilities.

Section 22: The Health Extension Worker is expected to be present on time for every commitment she makes in duties and responsibilities.

Section 23: The Health Extension Worker is expected to respect the confidential aspects of her assignment, and the dignity and privacy of the clients with whom she works.

Section 24: The Health Extension Worker must be involved, in a warm and natural manner with the clients she serves without becoming over involved.

Section 25: The Health Extension Worker should show empathy with the clients, not sympathy.

Section 26: The Health Extension Worker should be optimistic about life in general and clients outlook in particular without encouraging any unrealistic goals or attitudes.

Section 27: The Health Extension Worker should be honest and genuine at all times.

Rules to Define the Public Interest

Section 28: **Humans have a right to quality health.** This public health code of ethics affirms Article 25 of the Universal Declaration of Human Rights, which states in part “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family...” Community.

Section 29: **Humans are inherently social and interdependent.** Humans look to each other for companionship in friendships, families, and community; and rely upon one another for safety and survival. Positive relationships among individuals and positive collaborations among institutions are signs of a healthy community.

- Section 30: People and their physical environment are interdependent:** People depend upon the resources of their natural and constructed environments for life itself. A damaged or unbalanced natural environment, and a constructed environment of poor design or in poor condition, will have an adverse effect on the health of people. Conversely, people can have a profound effect on their natural environment through consumption of resources and generation of waste.
- Section 31:** Each person in a community should have an opportunity to contribute to public discourse.
- Section 32: Identifying and promoting the fundamental requirements for health in a community are a primary concern to public health.** The way in which a society is structured is reflected in the health of a community. The primary concern of public health is with these underlying structural aspects, and secondarily with reducing the impact of adverse health outcomes resulting from underlying causes. Because fundamental social structures affect many aspects of health, addressing the fundamental causes rather than the health outcomes or more proximal causes, is more truly preventive.



UNIT FOUR

Existing Health Laws In Ethiopia

Learning objectives

At the end of the unit the trainees will be able to:

- Understand existing health laws in Ethiopia
- Interpret and implement health laws in Ethiopia

Source of Enforcement of Laws and Procedures

There exist two basic arguments as to the procedure necessary to promulgate health legislation in this country. A major body of public health advisors believe that compliance with public health requirements can never be obtained by force. The proponents of this case argue that health standards can only be introduced into the community through persuasion and education. The other argument is that of enforcement.

If several cases are presented in which particular members of the community are fined for being in violation of the existing law, there is the possibility that the remainder of the community will become immediately aware of the existing rules the danger of failing to comply with them, and the necessity of following the directions. It is not the purpose of this lecture note to present a case for either argument.

The only purpose of this lecture note is to inform the Health Extension worker understand existing health laws for enforcement.

The enforcement of public health legislation requires excellent judgment. She must consider a variety of factors before she decides to pursue a particular case through the court system. In general, before considering the specific laws, their substance, and the procedure of their enforcement, should consider the following general characteristics of public health legislation.

The Community and the Law

The need for legislative reform in the field of public health is a pressing problem; but now new legislation is in place (see appendix 1.) The HEW should consider whether a substantial part of the community is prepared to accept a given rule of regulation before she begins to force its acceptance through court enforcement. The HEW, when faced with regulations that are too advance may find it advisable to enforce only the part of that rule which is to some extent applicable and leave the remainder for a later date when health condition are more advanced.

Summary of Legislation:-

Citation

2/1 (1942) P. 24

2/11 (1943) L.25

2/11 (1943) L.26

Title and Notes

Prohibiting import of Dangerous Drugs

Sanitation rules.

The public Health proclamation 2/2 (1942) P.26 was repd. (6/12 (1947) F.91 without effect on these rules. Rabies (control) Rules p. 26 was repd. 6/2 (1947) F.91 Without effect on these rules.

Public Health

Amd .9/5 (1950) p.111, 10/12 (1951)

P.119 and in consolidation to

Conform with penal coda 16/11 (1957).

6/12 (1947) P. 91

Quarantine Rules

158, Ex./1 (1957): impl. And. 7/7
(1948) 0.4. Amd. In consolidation to conform
With penal code 16/11 (1957) P . 150,
Ex./ (1957) : impl. And. 7/7 (1948) 0.4.

7/1 (1947) L. 104

The Public Health Proclamation 2/6
(1942) P.26 was repd. 6/12 (1947)
P. 91 without effect on these rules.

Public Health Rules

Water Rules

Food Rules

Refuse Rules

Vaccination Rules

Disposal of Dead Bodies Rules.

10/1 (1950) L.145

Venereal Diseases Rules

10/1 (1950) L.146	Amd. In consolidation to conform
10/1 (1950) L.147	With penal Code. 16/11 (1957) P.
10/1 (1950) L.148	158, Ex./1 (1957).
10/1 (1950) L.149	
10/1 (1950) L.150	
10/1 (1950) L.151	
10/12 (1951) L. 156	Communicable Diseases Rules
10/12 (1951) L.157	Sanitation Rules
8/2 (1947) D. 9	Pharmacopoeia
	Impl. And. 7/7 (1948) 0.4

See Appendix I.

Analysis of Legislation

2/31 (1943) L. 25: Sanitation Rules

The major function of this legislation is to empower the HEW to issue order regarding various health matter the legal Notice is Primarily concerned with; (1) wells; (2) seizure of foodstuffs; (3) disinfection and vaccination, and (4) disposal of refuse.

In order to enforce all rules and regulations in these areas the second section of the legal Notice authorized HEW on the matters with which these rules and concerned and covered by later laws, which probably would be more suitable for prosecution. The one rule which does not appear to be covered by the later is that which permits the (HEW) to require dangerous wells to be closed. The law is directed toward the public enforcement authority rather than the individual. The law does not seem to hold the individual responsible but merely requires the public enforcement authority to take remedial action. Therefore, there is some doubt about the validity of enforcement of this law in local communities.

Wells: The HEW is authorized to close any well, which he deems dangerous to public health. There are no express criteria delineated in the provision; and therefore, it is difficult to determine what elements must exist in order for a well to be deemed dangerous to public health.

Seizure of Foodstuffs: The HEW is given the authority to destroy all foodstuffs which are considered dangerous to public health. Again the definition of what is dangers to public health is not present and it is uncertain whether a judge will find a certain act in violation of clause. It may be what is deemed by the woreda Health Office to be dangerous to public health is an action which is generally should be practiced through the community and perhaps of even by the judge.

Disinfestation and vaccination: This section of the Legal Notice authorizes the HEW to order disinfection of any premises, which are liable to harbor or spread disease. She is further required to order persons suffering from infectious disease to receive medical treatment and body disinfection and isolation. The power to order the vaccination of any persons for vaccine preventable diseases.

Disposal of Refuse: There are five sections of notice overrunning this subject. These sections present reasonable clear statements of the requirements imposed on property owners in regard to their disposal of refuse. They prohibit the burning or disposal of refuse in any public street or public place; require the removal of night soil from buildings; demand removal of dead animals within twenty-four hours; and prohibit the disposal of any or carcass in any street, public place or water source. The sections of this area seen to provide explicit

and reasonably concise requirements and violations of the provisions could be proved in court with little difficulty.

2.11 (1943) L. 26: Rabies (Control) Rules:

The Legal Notice allows the commissioner of police to destroy any dog without a mark or identification or any dog with a mark of identification but appearing to be suffering from rabies. The law is reasonably explicit but it does not provide for woreda Health Office enforcement. The regulation and enforcement of it by law is governed by the police commissioner; and therefore, will not be a part of the woreda Health Office enforcement; practices and procedures.

6/12 (1947) P. 91: Public Health Department

Proclamation 91 sets up the respective duties and responsibilities of the Ministry of Health in its sub-divisions. In particular, part III delineates the regional and local administration of the Ministry of Health's rules and regulations. Articles eight-to-fourteen define the duties of the regional council, regional health Bureau, the Kantiba and the HEW. These sections should be consulted in order to determine which official in the hierarchy is to be responsible for the enforcement of public health legislation. Note that section 15(11) provides that the public health legislation shall be enforced in accordance with the penal code of 1957 (subseq/impl. Amd.). This shall be an important point, which will be introduced later in this chapter. 7/1 (1949)

104: Quarantine Rules

This Legal Notice control the entrance of infective persons, vehicles merchandise and baggage into Ethiopia. It has no substantial application within the provinces as it appears to regulate only border problems and therefore, would not be applicable for use by health center staffs. In general, this legislation governs the quarantine of persons, and the quarantine of merchandise baggage.

10/1 145: Woreda Health Office Rules

The HEW should be familiar with this legislation since it defines most of the legal aspects of his office. This legal Notice requires her to engage in a variety of numerated acts, which are designed to promote the health of the community. In particular, the Woredas Health Office is required by section five to report to the Kantiba if any condition exists which is dangerous to public health; the Kantiba is thus granted authority to refrain from granting a new license to a new applying establishment in which there exist violation of any provision of any health legislation.

This legislation does not appear to authorize revocation of any present establishment's licenses; however, section seven allows the kantiba to withhold extetion or renewal of any license held by an established license business which is acting contrary to law. The law also includes a tag on provision, section six, which requires every

person having a vacant plot fence it in accordance with the instructions given by the authority. It should be noted that this legislation assists functions the kantiba.

10/1 (1950) L. 146: Water Rules

Legal Notice 149 combines a series of separate provisions, which together are designed to prevent impure and unhealthy water from reaching the public. A large part of this legislation has been superceded by later more pervasive law; but, in general, it provides some good enforceable rules and regulations. The sections of this legislation are designed to prevent contamination of the water table and the watercourses in Ethiopian towns. The legislation is straight forward and provides little room for judicial interpretation as to what in fact constitutes a threat to public health for example: "unsafe water" is defined as "water which can be demonstrated to be polluted with human or animal excrement or with poisonous substances. "Therefore, the legislation is that of prohibition and provides a clear and specific enough set of rules and regulations to allow any judge to declare a particular act in violation of the law.

The legislation prohibits: (1) offering unsafe water to the public for drinking; (2) urination or defecation in public places or places other than a properly constructed fly-proof latrine; (3) exposing human excrement to flies or rat of permitting such to be exposed upon his

premises; (4) the exposure and discharge of sewage into water courses without a permit; and (5) the discharge of sewage into cesspool or abandoned well more than ten meters deep, or contamination of the natural ground water at a depth greater than ten meters.

The Food Laws: (1) prohibit offering to the public food unsafe or unfit for human consumption (2) food contaminated with human waste material as dangerous to public health; (3) define certain foods as unsafe for human consumption: (a) meat without stamp of public municipal slaughter house; (b) milk from animals having tuberculosis infections, abortion, or anthrax cases; (c) other food declared unsafe by the HEW; and (d) vegetables irrigated with water containing human excrement; (4) authorize the Woreda Health Office to sample the foods; (5) prohibit the serving of food or drink in containers or with utensils not properly washed and define washing standards; (6) prohibited food or drink containers from being used which are not capable of being cleaned; (7) require all places where food or drink is served to prevent the access of flies, roaches and rats to the food; (9) require that butcher shops to be thoroughly cleaned daily; and (10) authorize the HEW to grade restaurants and other shops selling food to the public according to standards she has drawn up and to issue a certificate stating the grade that the shop has been given.

10/1 (1950) L. 148. Refuse Rules

All private households and business enterprises are required by this Legal Notice to keep all garbage and refuse in bins and containers. The provisions of this Legal Notice are reasonably defined and should be enforceable in court should concrete proof of the alleged violation be in the hands of the HEW.

In general, the rules require; (1) garbage to be deposited daily in municipal garbage in containers on the premise: (2) containers to be easily cleaned and that they be maintained in good condition with tight fitting lids capable of excluding flies and rats; (3) the non accumulation of putrescible material which may breed flies.

10/1 (1950) L. 149: Vaccination Rules:

This legal notice requires all parents to have their children vaccinated at the public clinics maintained by the municipal/Public Health service. The requirements are concise and specific and should be enforceable with little difficulty.

10/1 (150) L.150: Disposal of Dead Bodies

This legislation requires the Kentibas to designate cemeteries or burial places. It further sets up the duties of the cemeter officers and the rules and regulations of the burial procedure. Only article three places some duty on the surviving relation to make sure that the body is buried with decency before but not later than twelve hours after death.

10/3 (1950) L. 151 Venereal Disease Rules

The legislation in this area does not begin to meet the basic problems inherent in this major public health problem. The rules set forth in this Legal Notice are clearly not pervasive to provide the power necessary to restrict and control the practice of prostitution and the spread to venereal disease. There occurs flagrant violation of this law in every town in Ethiopia. e.g. (ii): no prostitute shall practice prostitution on premises or places where intoxicating liquors are sold or consumed or on any promises connected therewith". For those reasons it appears that this law will be difficult to enforce in the courts due to the lack of public opinion and non-governmental desire to enforce the Notice's sanctions and provisions. There is also considerable inertia created by the views of the community in regard to such practice. Therefore, for the present, not only is the legislation not sufficient, but appears that the community is also not ready to accept enforcement.

10/12 (1951) L. 156: Communicable Disease Rules

This legislation sets forth specific and enumerated communicable diseases which it divides into classes. The legal Notice is designed to find and eradicate disease with complete protection to citizens in the epidemic or endemic areas. The regulations of this Legal Notice are primary directed toward the Health Officials in charge of the area in question: however, section 9, 10, 11 and 14 apply specifically to

private individuals and are sufficiently specific that their violation may be prosecuted in the courts.

Section nine requires the notification of the existence of a communicable disease as soon as the individual has knowledge of it. This requirement is placed on all individuals over eighteen years of age, the heads of households, and the managers of any leading establishments. Under section 14, any person who refuse to comply with the rule of the provisions of the rules shall be liable to the penalties prescribed under Article 15 of the public Health proclamation (proclamation No. 91 of 1947).

10/12 (1951) L. 157: Urination and Defecation

This un-enforced law provides a penalty of twenty-five cents or twelve hours in jail to be imposed upon any individual found urinating or defecating in any public street or along any public water course. It will be difficult to enforce this law until sufficient public latrine facilities are constructed which will aid in the prevention of these acts. Therefore, there are no the provisions of this legislation.

N. 18/6 (1959) 0.22: Malaria control and prevention:-

The primary thrust of this order is directed to ward the actions of the malaria control and prevention, section ten provides that any person who visits any provision of the order or regulations issued there under provided cordance. With the provisions of article 785 of the penal

code of Ethiopia of 1957. This section is designed to enforce the particular provisions applying to individual. In particular section 6 and 7 require individuals to permit taking of blood films accept treatment for malaria and report any person with malaria who fail to comply with this regulation.

Articles 503-520

These Articles are primarily concerned with offences against public health. This section of the code, comprising Title VIII, is concerned with promulgating specific laws which prohibit certain offences against the health of the community. Listed as “Infringement of the general protective provisions” are the following laws:

Article 503 - Spreading of Human Diseases

- Spreading of human diseases intentionally or negligently is punishable
- Where the offender intentionally transmitted grave diseases as epidemic, the punishment is rigorous imprisonment not exceeding five years, if necessary in addition to fine.
- Where the offender has acted through negligence, the punishment is simple imprisonment not exceeding one year, or fine

Article 504 - Spreading of Epizootic Disease

Article 505 - Propagation of Agricultural or Forest Parasite

Article 506 - Contamination of Water

Article 507 - Contamination of Pastureland

Public Health Measures

- Disregard of the measures prescribed by law for the prevention, limit or arrest of a communicable disease is punishable
- In cases of intentional disregard, the punishment is simple imprisonment not exceeding two years or fine, and where the offender has acted by negligence he is punished with imprisonment not exceeding six months, and with a fine not exceeding one thousand Birr.

Article 509 - Production, Making, or Distribution of Poisonous or Narcotic Substances

- Production, making, transforming, importing, exporting or transporting, acquiring or receiving, storing, offering for sale or distribution or procuring for another, poisons drugs, or narcotic substances, without lawful authority is punishable act.
- The punishment may be simple imprisonment for not less than three months, and with a fine not exceeding twenty thousand Birr.
- The same punishment may be inflicted upon any one who knowingly places at the disposal of another, premises in which (where) the taking of drugs or narcotic substance is practiced.

- Rigorous imprisonment not exceeding five years and a fine not exceeding thirty thousand Birr may be passed where the offense is committed by a band or association organized by this traffic, or by a person who makes a profession of such violent action or where such forbidden toxic substance or access to the premises is furnished knowingly, for gain for improper motivate, to an infant or young person, a mental defective or a drug addict.

**Articles 510 - Of Poisonous of Narcotic Substances:
Manufacture, Adulteration and Sale of Injurious
or Damaged Products are prohibited**

**Article 511 - Manufacture, Adulteration and Sale of Injurious of
Damaged Products or Food Staff**

- Manufacture of food stuffs, products for human consumption --in such a way as to endanger public health or importing receiving, storing, offering for sale or distributing such injurious products is punishable with simple imprisonment for not less than three months, or in grave cases, with rigorous imprisonment not exceeding five years and fine.
 - A severe sentence (punishment) is passed where the offender discharges special duties of supervision or control in an undertaking of public interest belonging to the state, or let out to concession by the state or in cases of the deliberate manufacture...

Article 514 - Endangering the Health of Another by Alcoholic Beverage or highly fermented Liquor /Very alcoholic is punishable;

Article 515 - Endangering by Mental Means or Practices

- Endangering the health of another by inducing in him/her a state of hypnosis, trance or catalepsy or any other changes or suspension of his/her conscious faculties is punishable with simple imprisonment not exceeding three months or fine, with the prohibition of professional practice, if necessary, where the offense is repeated...

Article 518 - Unlawful Exercise of The Public Health Professions

- A making of treatment of sick persons in any form for remuneration, whether the treatment is by consultation, by selling of remedies or any other medical or curative activities are punishable with simple imprisonment or fine.
- Casual advice, aid, or services rendered in cases of urgency or in an emergency or out of kindness or devotion and free of charge ... do not come under this provision. (is not punishable).

Article 519 - Unlawful Delivery of Poisonous or Dangerous Substances

- Making the use of poisonous or narcotic substances or substances entailing grave danger to health, or to keep or sale such substance, or delivering them to the public without special authority and apart from the cases permitted in normative curative

practice is punishable with simple imprisonment not exceeding five years, and fine, where the offender has acted in a grossly culpable manner for gain a fine not exceeding twenty thousand Birr is imposed.

Article 520 - Refusal to Provide Professional Aid

- Any person lawfully entitled to render professional attention and care, who, contrary to his duty and without just cause, refuses, to provide his services in a case of serious need, whether from indifference, selfishness, cruelty, hatred, or contempt, or for any other similar motive is punished with fine, in the event of repetition of the offense simple imprisonment not exceeding one month may be passed.
- The punishment may be up to one year where the offender is under an obligation, professional or contractual, medical, to go to the victim's aid or lend him assistance.
- Manufacture of food stuffs, products for human consumption --in such a way as to endanger public health or importing receiving, storing, offering for sale or distributing such injurious products is punishable with simple imprisonment for not less than three months, or in grave cases, with rigorous imprisonment not exceeding five years and fine.
- A severe sentence (punishment) is passed where the offender discharges special duties of supervision or control in an

undertaking of public interest belonging to the state, or let out to concession by the state or in cases of the deliberate manufacture...

The Criminal Procedure Code of 1961

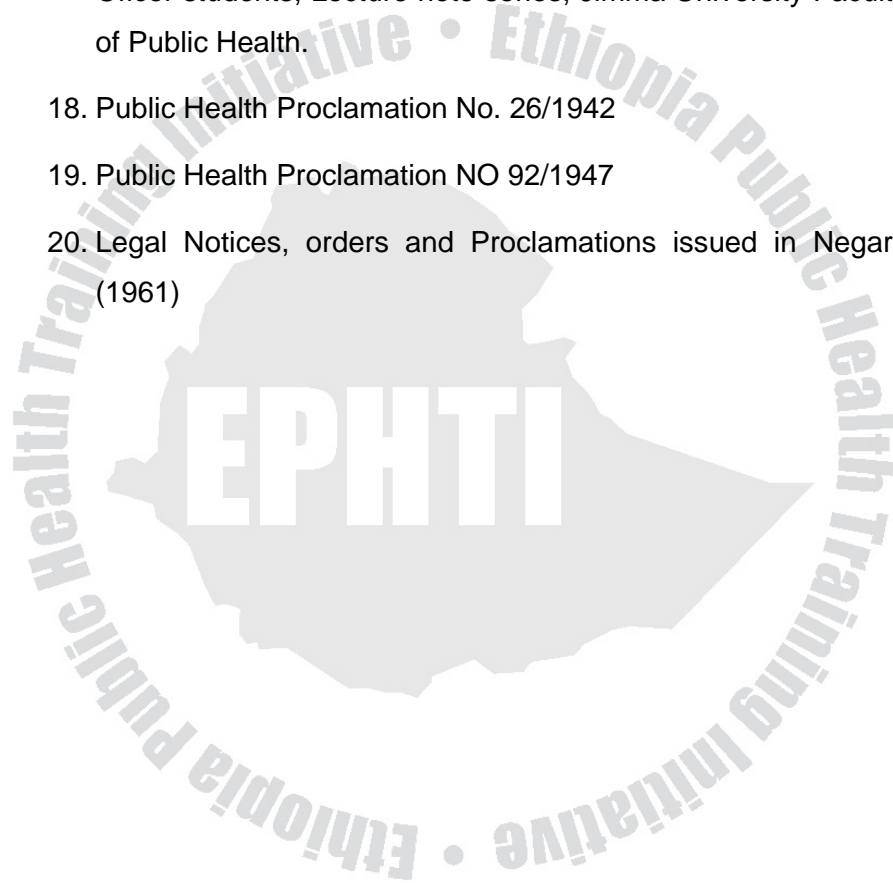
These articles are intended to protect the rights of defendant charged with violation of the article of the penal code of 1957. In particular, the HEW should be aware of article 51 governing arrest without a warrant. This article prohibit the police from arresting any individual without a warrant unless the person arrested is reasonably suspected of having committed an offence punishable with imprisonment for not less than one year. This article in effect precludes almost all public health legislation in Ethiopia. Therefore, the HEW should be aware of bringing individuals into the court before securing a warrant from the proper authorities.

Bibliography

1. Bankowski Z, and JC Beranardelli (1980,1981) Medical Ethics and Medical Education, XIVth. CIOMS Round Table Conference, Mexico City, 1-3 December 1980 and Geneva, 1981.
2. Biomedical Ethis by Tomas A.Mappes and Jane S.Zembaty McGraw Hill Book company-1981.
3. Civil code of Ethiopia (1960) Ethiopian code of Laws and Medical Ethics: Personality and the right inherent to personality.
4. Former, MJ. (1981). Ethical issues in Health Care. London.
5. Greek Manuscript (about 460-377 B.C). An illustration of Heppocrates and his oath taken form a 14th century Greek Manuscript, is found in the Bibliotheque National Paris.
6. Medical Ethics for physicians practicing in Ethiopia - MOH1987.
7. Penal Code of Ethiopia (1957). Ethiopian code of Laws and Medical Ethics: Lawful Acts justifiable Acts and Excuses.
8. Spicier, SF and Engelhardt, HT(ed) (1977). Philosophical Medical Ethics: Its Nature and significance. In Proceedings of the Third-disciplinary symposium, PP.30. D.Reidal Publishing Company, Dardrecht: Holland/Boston, USA.

9. Thomas, JE (1983). Medical Ethics and Human Life, PP319-32.
10. World Medical Association (1968). The First International Code of Medical Ethics drawn by the world Medical Association as a modern version of the Hippocratic Oath. It was amended by the 22nd world Medical Assembly. Sydney Australia, in August 1968 and 35th world Medical Assembly, Venice, Italy, in October 1983.
11. World Medical Association (1981). The Declaration of Lisbon on the Rights of Patients, 1981 Lisbon, Portugal.
12. World Medical Association (1975). The Declaration of Tokyo on Torture and other cruel, in human or degrading treatment or Punishment.
13. WHO and Council for International Organizations of Medical Sciences (1982). Proposal International Guidelines for Biomedical Research involving human subjects, a joint project of WHO and council of International organizations of Medical sciences, Geneva.
14. Ethiopian Science and Technology Commission: Health Systems Research Policy, Addis Ababa 1990.
15. Ethiopian Public health Association (2003). Public Health Code of Ethics for Ethiopia.

16. Human Rights manual Ethical Document Newsletter update, 2004
17. Chali Jira (2002). Health Ethics and legal medicine for Health Officer students, Lecture note series, Jimma University Faculty of Public Health.
18. Public Health Proclamation No. 26/1942
19. Public Health Proclamation NO 92/1947
20. Legal Notices, orders and Proclamations issued in Negarit (1961)



APPENDIX I

Public health Proclamation

Federal Negarit Gazeta of Federal Democratic Republic of Ethiopia

Proclamation NO. 2002/2000

Public Health Proclamation Page 1274

Proclamation No. 200/2000

Public Health Proclamation

WHEREAS, the active participation of the society in the health sector has become necessary for the implementation of the country's health policy:

WHEREAS, it is believed that the attitudinal change of the society through primary health care approach can solve most of the health problems of the country.

WHEREAS, the issuance of public health law is believed to be an important step for the promotion of the health of the society and for the creation of healthy environment for the future generation thereby enabling it assume its responsibility;

NOW, Therefore, in accordance with Article 55(1) of the constitution of the Federal Democratic Republic of Ethiopia, it is hereby proclaimed as follows:

PART ONE

General

1. Short Title

This Proclamation may be cited as the "Public Health Proclamation No. 200/2000".

2. Definitions

Unless the context requires otherwise, in this proclamation:

1. "Food quality" means a food that meets the biological, chemical and physical standards set nationally and internationally;
2. "Food" means any substance whether processed, semi-processed or raw which is intended for human consumption and includes drinks, chewing gum and any substance which has been used in the manufacture, preparation or treatment of food, but it does not include tobacco, cosmetics or substances used only as drugs;

3. "Public Health Authority" means the Ministry of Health, or the Health bureau of a Regional State or of a City accountable to the Federal Government;
4. "Food Additive" means any substance added to food to improve its taste, color, preservation of appearance and which is considered to become a component of food;
5. "Health" means not only the absence of diseases but also the complete physical, mental and social well being of an individual;
6. "Occupational Health Care" means a science devoted to the application of scientific, technological and managerial principles to protect and control workers health by preventing or reducing risks that may occur within working areas or relating to occupation due to chemical, physical or biological agents;
7. "Minister" or "Ministry" means the Minister or Ministry of Health, respectively;
8. "Suspected person" means a person who is considered, by Health Authorities, as provided in this proclamation, as having been exposed to infection by a disease and is capable of communicating it;

9. "Inspector" means any person qualified with relevant field of studies, and authorized, in writing, by the Ministry or by Regional Health Bureau to perform the activities specified in the Proclamation;
10. "Building" means any kind of structure with wall and roof including any mobile structure made for shelter;
11. "Untreated liquid waste" means waste generated from industries, agricultural institutions, schools and commercial areas that undergo several changes due to biological and chemical reactions and which can affect the health of human beings, animals and plants when discharged, into water bodies, plants or soils, before treatment;
12. "Entrance or Exit port" means customs port or other places designated by the Minister for control of goods, transportations or persons entering into or going out of the country;
13. "Person" means and physical or legal person.

PART TWO
Advisory Board

3. Establishment of Advisory Board

There shall be established a Public Advisory Board (hereinafter called "the Board") at the Federal and Regional level for the purpose of advising the appropriate health authority in the proper implementation of this Proclamation.

4. Powers and Duties of the Board

The Board shall have the following powers and duties:

- 1) to advise the Health Authority on health matters specified in this Proclamation;
- 2) to conduct studies and researches necessary for health activities and submit same to the public health authority.
- 3) to perform such other activities as may be assigned to it by the public health authority.

5. Meetings of the Board

- 1) The Board shall issue its own rules of procedure of meetings;
- 2) There shall be a quorum where more than half of the members are present.
- 3) Decisions shall be made by majority vote; in case of a tie, the chairperson shall have a casting vote.
- 4) The term of office of members of the Board shall be three years.

PART THREE

Inspection

6. Appointment of Inspectors

The Public Health Authority shall appoint qualified and capable inspectors to implement the provisions of this Proclamation and other laws and directives related with public health.

7. Powers and Duties of the Inspector

The Inspector shall have the following powers and duties:

- 1) to enter and inspect any premise which he has sufficient reason to believe that there exists a situation endangering public health;
- 2) any Inspector entering any premise shall:
 - (a) request a police support if he has reason to believe that there exists a situation obstructing the execution of his responsibility;
 - (b) present his identity card showing his authority;
- 3) to appropriate any article or material which is the result of any act committed contrary to law or used for the commission of the illegal act or has any
- 4) to detain the articles or materials which he has appropriated in accordance with Sub-Article (3) of this Article and:
 - (a) to conduct inspection on the articles or materials;
 - (b) to make sure that the articles and materials will be used as evidence for the legal measures be taken in accordance

with this Proclamation or other appropriate provisions of other law:

- 5) to order that any article, material or goods found in any premise he entered and which is under investigation shall be kept untouched, separately or together for a necessary period of time or that the premise or the building shall remain closed for limited period of time;
- 6) to take measurements, photographs and make recordings necessary for investigation;
- 7) to take, where necessary, samples of article materials or goods from any premise or building, or any sample of air from within the premise or from the compound;
- 8) to cause the keeping separately of or the destruction of articles, materials or goods found in any premise or building where he or she has sufficient reason to believe that such goods are dangerous to health, or that they cause or can cause another danger; the measure of separation, however, should not result in the damage of such goods;
- 9) to request any information from any person which he believes can give any information relevant for his investigation;
- 10) to cause the institution of prosecution by the authorized organ.

PARTFOUR
Public Health

8. Food Quality Control

- 1) It is prohibited to prepare, import, distribute, or make available to consumers any food which is unhygienic, contaminated, unwholesome or mislabeled and does not meet the standards of food quality.
- 2) Any food intended for human consumption shall meet the standards of food quality and should be labeled and preserved in accordingly healthy manner.
- 3) Any person who produces or distributes salt for human consumption shall ensure that it meets the standard requirement of iodine content.
- 4) Any person may not establish and use any laboratory for the follow-up and control of contamination of food, water, air and plants unless he is permitted one registered by the health authority and by the appropriate organ regarding this quality and standard of the instruments.

9. Food Standard Requirements

Any person engaged in any activity of selling, producing for sale, storing, preparing or preserving of any food intended for human consumption shall meet the standards set by the Ministry.

10. Water quality control.

- 1) It is prohibited to give water supply service from springs, wells or through pipes unless its quality is verified by the Health Authority.
- 2) It is prohibited to import, produce or distribute to the society bottled mineral water or plane water unless its quality is verified.
- 3) It is prohibited to discharge untreated liquid waste generated from septic tanks, seepage pits, and industries into water bodies, or water convergences.

11. Occupational Health Control and Use of Machinery

- 1) Any employer shall ensure the availability of occupational health services to his employees.
- 2) The use of any machinery or instrument which generates excessive noise is prohibited. Any person who uses such machinery or instrument shall install noise reducing apparatus or instrument.

12. Waste Handling and Disposal

- 1) Any person shall collect waste in a especially designated place and in a manner which does not affect the health of the society.

- 2) No person shall dispose solid, liquid or any other waste in a manner which contaminates the environment or affects the health of the society.
- 3) Any solid, liquid and other wastes generated from hospitals should be handled with special care and their disposal procedures should meet the standards set by the public health authorities.

13. Availability of Toilet Facilities

- 1) Any institution or organization providing public service has the obligation to organize clean, adequate and accessible toilet facilities for its customers.
- 2) Any city administration is responsible to provide public toilet and ensure its cleanliness.

14. Control of Bathing Places and Pools

- 1) No person shall provide a public bathing place or swimming pool service unless authorized by appropriate health authority.
- 2) Any person providing a public bathing or swimming pool may not allow his service to persons with physically visible skin disease or lesions.
- 3) No person shall provide a natural steam bathing or hot spring service unless authorized by the appropriate health authority.

15. Disposal of Dead Bodies

- 1) It is prohibited to bury or burn a dead body or human remains in the places other than that are allowed for such burial or burning.
- 2) It is prohibited to exhume or expose in any way a dead body without authorization of the appropriate health authority.

16. Controls at Entrance and Exit Ports

- 1). Any passenger coming to Ethiopia or leaving Ethiopia is obliged to take vaccination required for international passengers and to show his certificate whenever requested by the concerned health offices and, where suspected of any communicable disease, to cooperate for medical examination.
- 2) Any person coming from an epidemic area may not be allowed to enter Ethiopia unless he possesses a valid certificate.
- 3) Any port authority has the duty to report any suspected passenger of any communicable disease to the nearest health office.
- 4) It is prohibited to transport animals, without vaccination and valid certificate, together with passengers.

17. Communicable Diseases

- 1) Any person who happens to know the existence of communicable disease in his/her vicinity has the duty to report immediately to the nearest health service institution. The institution receiving the report has to take the necessary measures and report to the appropriate health authority.
- 2) Any suspected person of any communicable disease shall cooperate for medical examination or vaccination.
- 3) The Ministry shall have the power to restrict movements to certain countries, or to the areas where there is epidemic, or to close schools or recreational areas, or to remove workers with communicable diseases from their working places, and to take other similar measures whenever an epidemic occurs.
- 4) The prevention and control of communicable diseases shall be regulated by the regulations issued in accordance with this proclamation.

18 The Requirement of Health Permit and Registration Before Resumption and After Completion of Construction

- 1) Any person constructing buildings for public services has the obligation to get the necessary permit from and get registered by appropriate health authority beginning from planning to the completion of his construction in accordance with the regulations and directives issued pursuant to this Proclamation.

- 2) Any person constructing houses, production facilities, and public service enterprises, or institutions has the duty to include toilet facility.

PART FIVE

Miscellaneous Provisions

19. Obligation to Cooperate

Any person shall have the obligation to cooperate for the implementation of the provisions of this Proclamation.

20. Penalty

Unless the Penal Code provides a more severe penalty:

- 1) any person who violates Article 9 of this Proclamation shall be punishable with fine from Birr 2500 upto 5000.
- 2) any person who disposes waste outside a garbage container in a manner that can cause the contamination of the environment or can create a health hazard, is punishable with simple imprisonment from three months to three years and with fine from Birr 1000 upto 9000.
- 3) any person who violates Article 11 Sub Articles (1) and (2) of this Proclamation shall be punishable with fine from Birr 1000 up to 9000 and with simple imprisonment from one month to one year.

- 4) any person who violates Article 14 of this Proclamation shall be punishable with fine from Birr 1000 upto 5000 and with simple imprisonment from one month up to six months.
- 5) any person who violates Article 16 of this proclamation shall be punishable with fine from Birr 500 up to 3000.

21. Repealed and Applicable Laws

- 1) The following laws are hereby repealed:
 - (a) Public Health Proclamation No. 26/1942; and
 - (b) Public Health Proclamation No. 92/1947.
- 2) Regulations issued under Proclamation No.26/1942 and Proclamation No.91/1947 shall remain applicable as long as they are not inconsistent with this Proclamation.

22. Power to issue Regulations

- 1) The Council of Ministers may issue regulations for the implementation of this Proclamation.
- 2) A Regional Administration or a City Administration which is accountable to the Federal State may issue laws for the implementation of this Proclamation.

23. Power to Issue Directives

The Public Health Authority may issue directives for the implementation of the regulations issued under this Proclamation.

24. Effective Date

This Proclamation shall enter into force as of the 9th day of March, 2000.

Done at Addis Ababa, this 9th day of March, 2000.

NEGASO GIDADA (DR.)

**PRESIDENT OF THE FEDERAL DEMOCRATIC REPUBLIC OF
ETHIOPIA**

