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**THE PUBLIC HEALTH ACT, 1975**

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**THE PUBLIC HEALTH ACT, 1975**  
**(1975 Act No. 6)**  
**(30.6.1975)**

**PART I: PRELIMINARY PROVISIONS**

1. This Act may be cited as "The Public Health Act, 1975." Title.  
(1)
2. The Public Health Ordinance 1939 is hereby repealed; Repeal and Saving.  
provided that all regulations and orders made thereunder shall continue in force until they are repealed or amended in accordance with the provisions of this Act.
3. In this Act, unless the context otherwise requires:— Interpretation.
  - "**Minister**" means the Minister of Health.
  - "**Under-Secretary**" means the Under-Secretary of the Ministry of Health, any person who acts for him or the person to whom he delegates his powers in writing.
  - "**Ministry**" means the Ministry of Health.
  - "**The Health Board**" means the Public Health Board established in accordance with the provisions of Section 4.
  - "**General Secretary**" means the General Secretariat of the Public Health Board formed under Section 7.
  - "**Secretary General of the Board**" means the administrative official responsible for the Health Board's administrative and financial affairs, and for any other functions determined by this Act or the regulations made thereunder.
  - "**Commissioner**" means the Commissioner of the province concerned and includes any person delegated by the Commissioner or who acts for him during his absence.
  - "**Assistant Commissioner**" means the Assistant Commissioner for Health Affairs concerned of a province and includes any person who acts for him during his absence.
  - "**Private Health Institution**" includes any nursing maternity or parturition home, clinic, laboratory, preventive or therapeutic unit established by any person other than the Ministry under a licence issued in accordance with Section 11.
  - "**Register**" means the register of medical professions in which medical professions are classified and the names of members of any of such professions are entered in accordance with the provisions of this Act or the regulations made thereunder.

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“**Registrar**” means the Registrar of Medical Professions appointed in accordance with the provisions of Section 17.

“**Laboratory analysis**” means bacteriological or biochemical medical laboratory analysis made in respect of any person with the object of diagnosing his disease or case or advising him to use a particular therapy, or with the object of following up the results of his treatment and the stages of the disease, or ascertaining full recovery and final extermination of the disease.

“**Regulations**” means the regulations made under this Act.

## **PART II: THE LEADING STRUCTURE OF THE PUBLIC HEALTH**

Establishment and  
Constitution of the  
Health Board.

4. There shall be established in the Ministry a Board for Public Health to be known as “The Public Health Board” which shall be constituted as follows:—

The Under-Secretary of the Ministry or whoever acts for him Chairman

The Under-Secretary, Ministry of Agriculture and Irrigation or whoever acts for him member

A representative for the Regional Ministry of Health member

The Under-Secretary of the People’s Local Government Office or whoever acts for him member

The Under-Secretary for Animal Resources or whoever acts for him member

The Director-General for Administration and Planning in the Ministry member

The Director-General of International Affairs and training in the Ministry member

The Director-General of Preventive and Social medicine in the Ministry member

The Director-General of the National Research Laboratory in the Ministry member

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The President of the Pharmaceutical Association	member
The President of the Medical Association	member
The President of the Veterinary Association	member
A representative for the Medical Council	member
A representative for the Attorney General's Chambers	member
A representative for the Ministry of Industry	member
A representative for the Ministry of Education and Guidance	member
A representative for the Ministry of Finance and Economic Planning	member
A representative for the National Council for Research	member
A representative for the Faculty of Medicine	member
A representative for the Faculty of Pharmacy	member
A representative for the Faculty of Veterinary	member
Four persons to represent Trade Unions of the Employees of the Ministry other than medical practitioners and membership of such persons shall terminate if they cease to represent such trade unions	members
Any persons of experience and qualification who are interested in public affairs to be appointed by the Minister for a period of two years, subject to renewal	members
The Secretary-General of the Public Health Board who shall be ex-office the rapporteur of the Health Board	member <sup>(2)</sup>

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2. 1978 Act No. 1; 1974 Act No. 40.



5. The Health Board shall have the following functions:—

- (a) to follow up the implementation of this Act and the regulations made thereunder or under any other law relating to human health and to propose bills which are necessitated by reality or scientific development; and without prejudice to the generality of the foregoing the Health Board may:—
  - (i) lay down the general bases and standards governing environmental health and to tender technical advice to the People's Local Government Councils;
  - (ii) lay down the standards and specifications required in hospitals, health institutions, laboratories, pharmacies, drug stores, private clinics parturitions, and nursing homes both in public and private sectors;
  - (iii) declare a state of emergency in case of occurrence of any quarantinable disease or any epidemic disease threatening public health in all parts of the country; provided that the approval of the Minister shall be obtained in advance;
  - (iv) determine the areas infected or exposed to infection by trypanosomiasis (sleeping sickness), yellow fever or any other endemic diseases and strive to prevent the spread of such diseases;
  - (v) control international voyages with the object of ensuring that they fulfil all the internationally prescribed conditions;
- (b) to consider, study and propose plans and general policy of health affairs on the country level for procuring the highest health standards for citizens; and without prejudice to the generality of this sub-section the Health Board shall have the following functions:—

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- (i) to study and discuss the health policies and plans devised by the Ministry or by any other public institutions or bodies working in the various fields of health care whether preventive, treatment or medication;
  - (ii) to study and discuss progress and implementation reports submitted by the authorities mentioned in sub-paragraph (i) or by the Province Health Committee which are prepared by the General Secretariat with the object of following up the implementation of the proposed targets, plans, projects and programmes and to study the problems and obstacles of execution and provide suitable solutions therefor;
  - (iii) to bring together all the responsible authorities pursuing activities in the various fields of health care and to co-ordinate between their requirements and their various fields of activity so as to achieve harmony, integration and co-operation among them in implementing the general policy of the State in the health field;
  - (iv) to co-operate with the competent authorities in directing scientific and applied research towards the solution of national health problems;
  - (v) to participate with the competent authorities in considering health education policy and programmes and to prepare and train workers in the health field;
  - (vi) to participate in planning to provide the requisite number of the various categories of staff of the health field;
  - (vii) to consider and study other health problems which in the opinion of the Minister, the Health Board or its specialized committees should be considered.

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- (c) (i) The authorities pursuing health activities shall submit to the Health Board their proposals relating to the general policy, draft plans relating to health aspects and progress and evaluation reports. They shall provide the statements, information and statistics required by the Health Board and any other thing related to its studies and business;
- (ii) the decisions of the Health Board passed within its field of competence shall be binding on the authorities concerned.

Committees of the  
Health Board.

6. (1) The Health Board may set up any number of specialized committees permanently subordinate thereto. It may also set up any temporary committees to study any of the matters forming part of the Board's functions. <sup>(3)</sup>

(2) The Health Board shall make the regulations organizing the business of the committees established in accordance with the provisions of sub-section (1) and shall specify therein the membership, functions, procedure for conduct of business and meeting of any committees. <sup>(4)</sup>

(3) Every Committee shall submit through its Chairman a monthly report on its achievements and recommendations to the Health Board for taking the measures it deems appropriate.

7. (1) The Health Board shall have a General Secretariat acting as a technical organ therefor and shall communicate the decisions of the Board to the authorities concerned and follow their implementation.

(2) The General Secretariat shall be presided over by a full time Secretary-General, who shall be a medical practitioner, appointed by the Minister.

(3) The Secretary-General of the Health Board shall be responsible to the Health Board for management of the Health Board affairs and its daily business and for the implementation of the provisions of bye-laws and rules regulating the business of the Health Board. <sup>(5)</sup>

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3. 1978 Act No. 1

4. Ibid

5. Ibid

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(4) The Health Board shall have an independent budget within the budget of the Ministry subject to the direct control of the Secretary-General.

(5) The Health Board shall make the regulations organizing its business and the business of the General Secretariat. <sup>(6)</sup>

8. (1) The Health Board shall convene not less than once every three months on the call of its Chairman.

Meetings of the Health Board.

(2) The Chairman may call for an extraordinary meeting of the Health Board whenever the circumstances so require. He shall also call for a meeting if the majority of members so requires.

(3) The Secretary-General of the Health Board shall, in consultation with the Chairman of the Health Board, prepare the agenda of any meeting.

(4) Half the number of members shall constitute a quorum and decisions shall be passed by the majority of votes of members present. In case of equality of votes the Chairman shall have a casting vote.

(5) Appeals against the decisions of the Health Board may be referred to the Minister. The Minister may by himself or pursuant to an appeal referred to him, cancel, suspend or amend any decision made by the Health Board. <sup>(7)</sup>

9. The Minister may delegate his powers provided for in this Act to the District Council in the provinces save the following: <sup>(8)</sup>

The Provincial Health Authorities.

(a) the Quarantine Act which binds the Democratic Republic of Sudan to the rest of the states; and declaring state of emergency in case of occurrence of a nation-wide epidemic disease;

(b) the drug policy, local manufacture of drugs, implementation of the International Opium Act and sending periodical reports to the Opium Committee of the International region;

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6. 1978 Act No. 1.

7. 1978 Act No. 1.

8. Ibid

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- (c) international assistance of all sorts from the World Health Organization and the UNICEF; and the signature of protocols with other states;
  - (d) devising principles and standards for health institutions and their services;
  - (e) devising the development budget in consultation with the Commissioners, with the object of achieving a just distribution of developmental health services between cities and rural areas on the national level;
  - (f) providing citizens with health and therapeutic services on the national level through distribution of highly qualified staff of specialists, general practitioners, pharmacists and technicians after training them in the Sudan or abroad;
  - (g) devising the general health policy on the national level.

Annual and monthly reports

10. The Commissioner of a province shall submit to the Ministry a full monthly report on public health of citizens covering all health activities in both preventive and therapeutic fields, the standard of performance in all health institutions and the achievements made towards the development of services. Without prejudice to the generality of the foregoing he shall:—

- (a) report immediately the occurrence of any of the diseases mentioned in part "A" of the Third Schedule hereto. He shall report weekly on the progress and spread of disease to enable the Ministry to notify the Health Organization for publication in the weekly bulletin;
- (b) submit monthly statistics of epidemic and endemic diseases, environmental health, manpower and fields of training in accordance with statistical and live models issued by the head of the statistical section in the Ministry or which he may issue in the future;

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- (c) submit reports on health and therapeutic establishments approved in the development budget or establishment promoted on self aid basis and the rate of progress of construction once every three months to enable the Ministry to provide equipment and train manpower;
  - (d) report on visits and transfers of medical practitioners, health officers and pharmacists within the province;
  - (e) submit monthly reports on the part-time Medical Commission and Medical Boards in the province;
  - (f) submit a full annual report on health activities throughout the year.

11. The Minister may give directions of a general nature to the District Councils in the provinces for the implementation of the provisions of this Act or any other health laws to be made. Such directions shall be carried out. Without prejudice to the generality of the foregoing such directions may provide for:— <sup>(9)</sup>

General Directions.

- (a) in case of occurrence of any epidemic disease throughout the country, requiring making use of the technical facilities available in all provinces;
- (b) compulsory vaccination throughout the country or collective immunization in the provincial level;
- (c) taking preventive precautions in case of occurrence of any epidemic disease in the neighbouring countries adjacent to any province or where there is a probability of spreading such disease to such provinces;
- (d) field health projects to eradicate any endemic disease within the development projects programmes.

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9. The People's Local Government Act, 1981

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### PART III: PRIVATE HOSPITALS AND HEALTH INSTITUTIONS

Conditions for establishment of Private Hospitals and Health Institutions.

12. (1) No licence for establishing any private hospital or health institution shall be given unless the following conditions are fulfilled:—

- (a) the site and the building conform to the specifications in force in the Ministry;
- (b) the hospital or the health institution is managed on full-time basis and by a person qualified in accordance with the conditions prescribed in the First Schedule hereto; <sup>(10)</sup>
- (c) the technical equipment, tools and apparatuses intended to be used in the hospital or the health institution conform to the specifications in force in the Ministry;
- (d) the hospital or the health institution is equipped with a sufficient number of qualified technical and professional staff who are registered with the Medical Council or the Auxiliary Medical Professions Board; <sup>(11)</sup>
- (e) the management of the hospital or the health institution pays the prescribed fees for licence or its renewal according to the local orders made by the District Councils. <sup>(12)</sup>

(2) Any person who owns or manages any private hospital or health institution in contravention of the provisions of this Section shall be punished with imprisonment for a term not exceeding three months or with a fine not exceeding Ls. 200 or with both; provided that the provisions of this section shall not apply to owners or managers of private hospitals and health institutions existing on the coming into force of this Act until six months have elapsed from such date.

Registers to be kept by private hospitals and health institutions.

13. (1) Every private hospital or health institution shall keep a register in which the name, age, illness, dates of entry and discharge of a patient and any other remarks required by the statistics department of the Ministry, shall be entered.

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10. 1978 Act No. 1

11. Ibid

12. The People's Local Government Act, 1981.

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(2) A private hospital or health institution shall keep a general statistical register showing the activities, gross revenue and expenditure of such hospital or health institution. Such register shall be subject to audit by the competent authorities.

14. (1) All private hospitals and health institutions shall be subject to the technical control and supervision of the Province Health Committee and other competent health authorities in the province with the object of ensuring that the conditions prescribed in this Act or any other law in force are fulfilled.

Control and inspection.

(2) The competent health authorities in a province may with the approval of the District Council take the following measures whenever there is a contravention of the provisions of this Act:—

- (a) give a warning in writing to the management or health institution to abate the cause of such contravention within a specified period;
- (b) lodge any information with the Police in accordance with the provisions of Section 12;
- (c) recommend to the District Council that the licence be revoked or suspended until the cause of contravention is abated.

(3) Any person against whom a decision revoking or suspending a licence has been made, may appeal against such decision to the District Council within thirty days from the date on which he is notified thereof.

#### **PART IV: THE AUXILIARY MEDICAL PROFESSIONS**

15. (1) There shall be established in the Ministry a Board to be known as the Auxiliary Medical Professions Board which shall be constituted every three years as follows:—<sup>(13)</sup>

Constitution and meetings of the Auxiliary Medical Professions Board.

- (a) a Chairman and a Deputy Chairman to be appointed by the Minister from among experienced persons;

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13. 1978 Act No. 1



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- (b) eight other members to be appointed by the Minister pursuant to nominations of the Public Health Board;
  - (c) three members to be appointed by the unions of auxiliary medical professions whose affairs are looked after by the Medical Professions Board.<sup>(14)</sup>
  - (d) a representative of the Attorney-General's Chambers.

(2) The Board shall be responsible to the Minister through its Chairman or the person who acts for him.

(3) The Auxiliary Medical Professions Board shall meet periodically in accordance with its bye-laws. Eight members including the Chairman or his deputy shall constitute a quorum. Decisions of the Board shall be passed by the majority vote of the members present and in the case of equality of votes the Chairman shall have a casting vote.<sup>(15)</sup>

Functions of the Auxiliary Medical Professions Board.

16. The Auxiliary Medical Professions Board shall have the following functions:—<sup>(16)</sup>

- (a) to evaluate the qualifications of members of the auxiliary medical professions according to the classification of auxiliary medical professions set out in the Second Schedule hereto and ensuring that they conform to the standards prescribed in the regulations;<sup>(17)</sup>
- (b) to evaluate certificates and diplomas relating to auxiliary medical professions to recognize the same after evaluation and to authenticate them on payment of fees prescribed in the regulations;<sup>(18)</sup>
- (c) to determine the obligatory professional ethics and principles and to issue a manual thereof;

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- 14. 1978 Act No. 1
  - 15. 1978 Act No. 1
  - 16. 1978 Act No. 1
  - 17. 1978 Act No. 1
  - 18. 1978 Act No. 1

- (d) to prescribe the conditions for registration of members of the auxiliary medical professions in the medical professions register and to fix the fees payable on such registration; <sup>(19)</sup>
- (e) to determine the appropriate educational standards required of applicants for registration in the auxiliary medical professions register and to hold any examinations for any category of such members if the Board deems it necessary. <sup>(20)</sup>
- (f) to make, in consultation with the Minister, the necessary bye-laws for regulating the conduct of business in the Board and controlling the procedure for registration in the auxiliary medical professions register and the registration fees which must be paid in respect of every profession. <sup>(21)</sup>

17. (1) The Auxiliary Medical Professions Board shall keep a general register to be known as "The Auxiliary Medical Professions Register" wherein the Auxiliary Medical Professions shall be classified and wherein the name of every applicant for registration who fulfils the conditions prescribed in the bye-laws of the Board shall be entered. <sup>(22)</sup>

The Auxiliary Medical Professions Register.

(2) The Register and all certificates of registration issued thereunder shall be evidence of what is contained therein. Non-inclusion of the name of any person in the Register shall be sufficient cause for depriving him from practising any of the auxiliary medical professions set out in the Second Schedule attached to this Act. <sup>(23)</sup>

(3) Any person whose name has been entered in the Auxiliary Medical Professions Register may obtain a certificate thereof on payment of the prescribed fees. <sup>(25)</sup>

18. (1) The Minister shall, in consultation with the Auxiliary Medical Professions Board, appoint a registrar from among persons of experience and qualifications, who shall be responsible for the Register of Auxiliary Medical Professions and for performing the duties provided for in sub-section (2). <sup>(26)</sup>

The Register of Auxiliary Medical Professions.

(2) The Registrar shall perform the following duties:—

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|--------------------|--------------------|
| 19. 1978 Act No. 1 | 23. Ibid           |
| 20. Ibid           | 25. 1978 Act No. 1 |
| 21. Ibid           | 26. Ibid           |
| 22. Ibid           |                    |

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- (a) to receive applications for registration to ensure that they fulfil the conditions prescribed in the regulations and in the second Schedule hereto and to recommend to the Auxiliary Medical Professions' Board whether such application be accepted or rejected; <sup>(27)</sup>
  - (b) to receive the prescribed fees, to enter the names of a person whose registration has been approved by the Board and to record his qualifications, age, address and any alterations of the same;
  - (c) to grant a certificate sealed with the seal of the Medical Professions Board, bearing the signature of the Registrar and indicating the name, qualifications, professions, address and date of registration in the Register in accordance with the form prescribed by the regulations;
  - (d) to give notice to the Auxiliary Medical Professions Board of any alteration made in relation to any person registered in the Register by reason of death of such person or his having ceased or been deemed to have ceased to practise his profession in the Sudan; <sup>(28)</sup>
  - (e) to prepare at the end of every year a list of those persons whose names have been entered in the Register or whose resignation has been cancelled and to send copies of such a list to the competent authorities of the Ministry or in the provinces.

Registration obligatory.

19. (1) No licence shall be issued to any person to practise any of the auxiliary medical professions set out in the Second Schedule hereto unless his name has been entered in the Register in accordance with the provisions of this Act. <sup>(29)</sup>

(2) Whoever forges any statement with the intention of making use of the same for the purposes of entry in the Register or assists in the registration of the name of any person who does not fulfil the prescribed conditions shall be deemed to have committed an offence and shall be punished with imprisonment for a term not exceeding seven years and with fine.

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27. Ibid

28. 1978 Act No. 1

29. Ibid

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(3) Whoever runs a private practice of any auxiliary medical profession set out in the Second Schedule hereto in contravention of the provisions of sub-section (1) shall be deemed to have committed an offence and shall be punished with imprisonment for a term not exceeding seven years and with fine.

(30)

20. (1) Subject to the provisions of this Part and the Second Schedule hereto the Registrar shall, within three months from the date of coming into force of this Act after consultation with the Commissioner in each province, enter, free of charge, the names of all qualified persons wishing to practise auxiliary medical professions in the province in lists showing the name of every person, his profession, qualifications and address. <sup>(31)</sup>

Transitional provisions respecting entry in the Register.

(2) Whoever fails to submit his name for registration within the period specified in sub-section (1) shall be subject to provisions of Section 17 (2).

21. (1) The Auxiliary Medical Professions Board may, pursuant to a notification from a Commissioner or to an order issued by a competent court, cause the Registrar to cancel registration of any person if:— <sup>(32)</sup>

Cancellation of registration.

- (a) judgement has been passed against him for an offence relating to honour or honesty;
- (b) he has committed an act incompatible with professional ethics and the auxiliary Medical Professions Board has found him guilty of any heinous conduct relating to any professional matter; <sup>(33)</sup>
- (c) it is disclosed that his registration was based on fraud or mistake;
- (d) he becomes medically unfit to practise his profession.

The Auxiliary Medical Professions Board shall notify all the District Councils of such cancellation. <sup>(34)</sup>

(2) The Auxiliary Medical Professions Board may,

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- 30. Ibid
  - 31. 1978 Act No. 1
  - 32. Ibid
  - 33. Ibid
  - 34. Ibid

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subject to the approval of the Minister, suspend the registration of any person for a specified period. The Board may, subject to the approval of the Minister, register any person whose registration has been cancelled. The Board may require fulfilment of any conditions it deemed appropriate for re-registration. <sup>(35)</sup>

(3) A District Council shall cancel the licence of any member of auxiliary medical profession if the Auxiliary Medical Professions Board has cancelled his registration. <sup>(36)</sup>

Authentication of certificates and diplomas.

22. (1) For the purpose of facilitating employment abroad, the Auxiliary Medical Professions Board may authenticate any certificate or diploma for any person who has been:— <sup>(37)</sup>

- (a) seconded with the approval of the Ministry, to work in a foreign country with the object of exchange or technical or cultural co-operation;
- (b) seconded, with the approval of the Ministry, to work with any international or regional organization.

(2) The Auxiliary Medical Professions Board shall not, with the object of facilitating employment abroad, authenticate any certificate or diploma for any person:—

- (a) whose registration has been cancelled by reason of his conviction of an offence or as a result of administrative discipline;
- (b) who has been sent on a government scholarship for any health development project and has refused to work for the period prescribed by the Ministry so as to make use of his services for which he has been awarded the scholarship;
- (c) who has not completed the prescribed period of probation for the Auxiliary Medical Profession concerned. <sup>(38)</sup>

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35. 1978 Act No. 1

36. Ibid

37. Ibid

38. 1978 Act No. 1

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23. (1) Any person, the registration of whose name has been refused or cancelled by the Auxiliary Medical Professions Board in accordance with the provisions of this Act, may appeal against such decision to the Province Court. <sup>(39)</sup>

Appeals.

(2) The Board may, as a respondent, appoint a representative in such appeal, and it shall be deemed to be a party to any appeal relating to costs whether the representative of the Board appears at the hearing of such appeal or not.

24. (1) The Auxiliary Medical Professions Board shall have a separate budget within the budget of the Ministry to enable the Board to perform the duties with which it is charged under this Act. <sup>(40)</sup>

Budget and accounts.

(2) The Board shall keep proper and full accounts showing all its revenue and expenditure in accordance with the established systems; and they shall be submitted annually to the Auditor General or to the person designated by him for audit.

25. The Auxiliary Medical Professions Board may in consultation with the Minister, make the necessary regulations for implementation of the provisions of this Part. Without prejudice to the generality of this power, such regulations may provide for the following:—

Making of Regulations.

- (a) the necessary rules for regulating the procedure of the Board and the conduct of its business;
- (b) the necessary qualifications for registration for any of the professions set out in the Second Schedule hereto;
- (c) the fees which must be paid in respect of evaluation, recognition and authentication of foreign certificates;
- (d) the fees which must be paid on registration for any of the auxiliary medical professions; <sup>(42)</sup>
- (e) forms of the necessary registers, certificates and documents, and the manner of their preparation and renewal.

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39. Ibid

40. Ibid

42. 1978 Act No. 1

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## PART V: COMMUNICABLE DISEASES

Confinement of communicable diseases and necessity of their notification.

26. (1) The diseases set out in Parts "A", "B" and "C" of the Third Schedule hereto shall be deemed communicable diseases or diseases liable to spread. <sup>(43)</sup>

(2) All competent provincial health authorities shall, on detection of any of the diseases set out in Part "A" of the Third Schedule, immediately notify the Ministry in the manner prescribed in the regulations.

(3) The Minister may, by order published in the Gazette, add to or omit from the communicable diseases set out in Part "A" of the Third Schedule.

(4) A Commissioner may, in case of likelihood of spread of any of the diseases set out in Part "B" of the Third Schedule and on the recommendation of the Assistant Commissioner, by order published in the Gazette, bind the public to notify such disease within the bounds of the province to the competent health authorities.

(5) A Commissioner may, in case of likelihood of spread of any of the diseases set out in Part "C" of the Third Schedule, make a local order binding the public to notify such disease within the bounds of the province and such order shall be deemed to be cancelled on the lapse of six months after the date of its issue unless another order is made for its continuance in force.

Compulsory notification.

27. (1) Each of any of the persons mentioned in subsection (2) shall notify the competent health authorities whenever he knows, becomes aware of or suspects infection or death of any patient by reason of any infectious disease, provided for in Part "A" of the Third Schedule hereto. <sup>(44)</sup>

(2) The persons who shall notify are:—

- (a) the management of any private health institution or the medical practitioner attending the person so suffering or any of his assistants in such health institution;

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43. Ibid

44. 1978 Act No. 1

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- (b) the head of the family with which the patient resides;
  - (c) the immediate supervisor at the place of work of the patient;
  - (d) the Vice-Chancellor of the University, the principal of the institute or the headmaster of the school where the patient is a student or whoever acts for any of them;
  - (e) the Chairman of the village or quarter Council of which the patient is resident;
  - (f) the captain, pilot or driver of the vessel, aircraft or public vehicle if the patient is a passenger in any of them.

(3) Whoever contravenes the provisions of this section shall be punished with imprisonment for a term not exceeding one month or with fine not exceeding Ls. 50 or with both.

28. (1) A patient notified in accordance with the provisions of Section 26, or any person who has been in contact with him shall not expose himself to contact with the public in any manner which is likely to lead to the spread of the disease.

Isolation of patients or contacts.

(2) No patient notified in accordance with the provisions of Section 26 shall offer, sell, convey or give any food, drink, equipment, clothing or articles which he was using or which were exposed to infection or are likely to convey the disease.

(3) Whoever contravenes the provisions of this section shall be punished with imprisonment for a term not exceeding two months or with fine not exceeding Ls. 100 or with both.

29. (1) No person suffering or suspected to be suffering from any communicable disease or having been in contact with such person, shall travel or move to any place other than a hospital or a health institution save with the consent of the competent health authorities.

Movement of patients prohibited.

(2) No passenger suffering or suspected to be suffering from any communicable disease shall disembark at a destination except after notifying the competent health authorities and



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obtaining their consent to disembarkation at such destination.

Isolation and removal of persons suffering or suspected to be suffering from communicable disease.

30. The Commissioner or whoever acts for him may take such measures as he may deem necessary to isolate or treat any person suffering or suspected to be suffering from a notifiable disease. He may remove such patient to any hospital or place provided for treatment.

Search.

31. The Commissioner may, after causing a search warrant to be issued by the competent magistrate, enter or cause such person as he may appoint to enter and search any premises, place, vehicle, vessel or aircraft whenever he reasonably believes or suspects that a person suffering from a communicable disease is hiding or concealed therein.

Detention and disinfection.

32. (1) The health authorities may, in consultation with the Commissioner or his delegate, order the detention of any means of conveyance whether by land, sea or air until it has been disinfected in accordance with the established health rules.

(2) The health authorities may, in consultation with the Commissioner, take any necessary measures for disinfection of any immovable or movable property with the object of preventing spread of diseases.

Suspension from employment.

33. The Commissioner may cause any person to be suspended from any employment for such time as he may deem appropriate if it is proved to him that such person is suffering or suspected to be suffering from a communicable disease or is a carrier of the microbe and that the continuance of such person in his employment is likely to harm the health of other employees.

Closing of educational institutions.

34. (1) Wherever there is likelihood of spread of any communicable disease, the Commissioner may recommend to the District Council the closing of any educational institution for a period not exceeding two months. <sup>(45)</sup>

(2) The District Council may in consultation with the Minister and the Minister of Education and Guidance extend the period of closure of an educational institution for any further appropriate period or periods of time. <sup>(46)</sup>

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45. The People's Local Government Act, 1981

46. Ibid

35. (1) The Commissioner or whoever acts for him may, after obtaining an order from the competent court, destroy or cause to be destroyed any temporary buildings, luggage, clothing or other things, if it is proved to him that they are contaminated or likely to be contaminated with any communicable microbe.

Destruction of temporary buildings and infected movables.

(2) A competent court may, whenever it thinks appropriate, order payment of a reasonable compensation to the person aggrieved.

36. (1) Where there is an epidemic of yellow fever, cholera, smallpox, plague, cerebrospinal meningitis, typhoid, relapsing fever or any other dangerous diseases which in the opinion of the Province Health Committee necessitates that special measures be taken, the Commissioner may, on the recommendation of the Province Health Committee, in addition to his powers under the other provisions of this Act or any other law, order the following measures to be taken:—

Special measures concerning certain communicable diseases.

- (a) declare any village or area an infected place and regulate ingress into or egress out of the same;
- (b) prohibit or restrict gatherings or holding of private or public festivals;
- (c) limit the number of passengers in public vehicles and other means of conveyance;
- (d) take the appropriate health measures respecting the regulation of market-places, roads and other public places;
- (e) take the appropriate measures respecting the persons suffering or suspected to be suffering from such disease or their contacts with the object of confining the disease;
- (f) take the necessary health measures for purity of water and preventing contamination of water supply with the microbe of the disease;
- (g) take any other measures he deems necessary for confining and eradicating the disease.

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(2) The Commissioner shall notify the Ministry of any measures as soon as they are taken.

Penalties.

37. Saving the penalties provided for in Sections 27 (3) and 28 (3) whoever contravenes any of the provisions of this Part or the orders made thereunder shall be punished with imprisonment for a term not exceeding three months or with fine not exceeding Ls. 200 or with both.

#### **PART VI: SLEEPING SICKNESS AND OTHER ENDEMIC DISEASES**

Sleeping sickness preventive measures.

38. (1) The Commissioner may, on the recommendation of the Province Health Committee, by order published in the Gazette, declare any area within the province an area infected with sleeping sickness. Such order shall specify the bounds of such area precisely and clearly in the map of the province.

(2) The Commissioner may, on the recommendation of the Province Health Committee, take the preventive measures prescribed in the regulations at the entrance of the roads leading into or out of the infected area and at the boundaries of neighbouring infected countries, to prevent the spread of the disease into the areas of the province which are free of infection.

Regulations.

39. The Minister shall make the necessary regulations for health and administrative control of areas infected with sleeping sickness.

He may provide in such regulations for the following:—

- (a) health measures at entrance of roads leading into the infected areas and at the boundaries of neighbouring countries adjacent to such infected areas;
- (b) the manner of treating cases brought into the province;
- (c) establishment of health centres for treatment of infected persons and the mode of their management;

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- (d) regulation of the systems of control through periodical inspection, isolation and treatment of infected persons and destruction of the disease-carrying organisms.

40. (1) For the purposes of this Act the diseases mentioned in sub-section (2) shall be deemed to be endemic diseases in more than one province and the Ministry shall devise the necessary plans for their control.

Confinement of endemic diseases.

(2) Endemic diseases are: malaria, bilharziasis, leishmaniasis (Kalazar), leprosy, pulmonary tuberculosis, venereal diseases, ophthalmias and other ophthalmic diseases.

41. (1) The Minister may establish sections subordinate to the Ministry, each of which shall specialize in one or more of the diseases set out in sub-section (2) of section 40. He may determine the headquarters of any section, appoint a head of the section, assistant head of the section and any number of qualified employees in the various auxiliary medical professions and provide it with all necessary equipment and apparatuses. <sup>(47)</sup>

Specialized sections for endemic diseases.

(2) The Minister may seek the assistance of qualified experts from foreign organizations to work in any of the sections referred to in sub-section (1).

42. (1) Every endemic diseases section shall:—

Duties of the Endemic Diseases Section.

- (a) carry out a survey throughout the country for determining the areas in which a particular disease is endemic and the rate of its spread on the provincial level and devise schemes for its control;
- (b) constitute branch technical units subordinate thereto in the provinces;
- (c) train technical and administrative units working towards the execution of preventive and therapeutic plans in the provinces;
- (d) seek the assistance of the official organs, popular contribution and international organizations in carrying out research and devising chronological

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working programmes for stamping out the endemic disease;

- (e) allocate the necessary financial appropriations for the eradication and prevention of endemic diseases through co-ordination between the Ministry and the People's Local Government organs and international aids.

## PART VII: VACCINATION

Vaccination of children.

43. (1) Every child shall be vaccinated against smallpox within reasonable time after the expiry of three months from its birth.

(2) Children whose state of health does not permit of vaccination shall be excepted from the provisions of sub-section (1).

(3) In the event of the first vaccination being unsuccessful re-vaccination shall be performed within two months from the date of the first vaccination.

(4) Every child shall be re-vaccinated against smallpox immediately on its admission to school.

Persons responsible for vaccination.

44. (1) Each of the parents of a child, his guardian or the person who supports a child shall be responsible for its production for vaccination.

(2) Every director of any school, the person responsible for health therein or whoever acts for any of them shall produce any child under his control to be re-vaccinated in accordance with the provisions of sub-section (4) of section 43.

General compulsory vaccination.

45. (1) In the areas wherein there is an outbreak or a threatened out-break of smallpox, yellow fever, cholera, diphtheria, poliomyelitis, measles, tuberculosis, typhoid or any other epidemic disease, the Commissioner shall, on the recommendation of the Province Health Committee, issue a notice to be published in the Gazette or otherwise, specifying therein the infected area and binding thereunder every person in such area to subject himself to vaccination against such disease.

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(2) Any person whose state of health does not permit of vaccination shall be excepted from the provisions of sub-section (1) or any order made thereunder.

46. Whoever contravenes any of the provisions of this Part may be punished with imprisonment for a term not exceeding twenty days or fine not exceeding Ls. 10 or with both. Penalties.

### PART VIII: BURIALS

47. (1) The places reserved for new cemeteries shall be at a distance of not less than one mile from the boundaries of the residential area of any village or town. Places reserved for cemeteries.

(2) Any cemetery which has been closed shall not be used for public purposes except after the expiry of twenty-five years from the date of such closure.

48. (1) Corpses shall not be buried except in the appointed cemeteries. No burial shall be carried out in a cemetery which has been closed except in cases where the Commissioner permits otherwise. Burial of Corpses.

(2) A corpse shall be buried within twenty-four hours from the time of death. It shall not be buried before the expiry of three hours from the time of death.

(3) The Commissioner, the competent Magistrate or the competent Director of a hospital may, by order made by him, except any corpse from the provisions of sub-section (2); provided that such order shall determine the manner and time of such burial.

49. (1) The Commissioner of a province may, whenever necessary reasons exist, order the embalment or cremation of any corpse. The Health Authorities in the province shall thereupon take the appropriate health measures in such case. Embalment.

(2) The Commissioner may, if no objection is made by the close relatives of the deceased, order, for educational purposes, the embalment or preservation of any corpse for any period of time he deems appropriate, in accordance with the established health systems.

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Corpse not to be removed.

50. (1) The Commissioner may prohibit the removal of any corpse from one place to another within the Sudan. He may, whenever he deems necessary, order the conveyance of a corpse in a coffin in accordance with the international health standards.

(2) No person shall remove any corpse outside the Sudan except in a coffin in accordance with the international standards.

Exhumation.

51. (1) No person shall exhume any cemetery without obtaining the consent of the Commissioner in writing.

(2) Any Magistrate may order the exhumation of any corpse for any reason he deems appropriate or for medico-legal purposes. He shall, before executing his order, notify the Commissioner to take the necessary health measures.

(3) Every corpse exhumed in accordance with the provisions of sub-sections (1) and (2) shall be re-buried in the same tomb from which it was exhumed as soon as possible. The Commissioner may order re-burial in any other place he appoints.

(4) No coffin shall be opened for any reason after the corpse has been placed therein.

(5) Archaeological excavation works carried out in ancient cemeteries shall be excepted from provisions of sub-sections (1) and (3); provided that the written permission of the Commissioner for Archaeology has been obtained.

Penalties

52. (1) Whoever contravenes any of the provisions of Sections 48 and 50 shall be punished with imprisonment for a term not exceeding one month or with fine not exceeding Ls. 50 or with both.

(2) Whoever contravenes the provisions of Section 51 shall be punished with imprisonment for a term not exceeding six months or with fine not exceeding Ls. 200 or with both.

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## PART IX: LABORATORY ANALYSIS

53. No person shall practise the profession of laboratory analysis unless he is:—

Practising the profession of laboratory analysis without licence prohibited.

- (a) registered with the Medical Council or the Auxiliary Medical Professions Board, as the case may be, and is licensed by the Health Board after payment of the prescribed fees. <sup>(48)</sup>
- (b) in possession of the necessary educational or training qualifications in accordance with the following conditions:—
  - (i) in respect of a pathologist; he must be in possession of a recognized specialized qualification of a postgraduate level on pathology;
  - (ii) in respect of a scientific officer; he must have received recognized training of a postgraduate level in a branch of pathology;
  - (iii) in respect of a laboratory technician; he must have received recognized training of a posthigh secondary level in medical technology;
  - (iv) in respect of laboratory assistant; he must have received training in medical technology for not less than two years after completion of general Secondary School.

54. No laboratory, whether independent or attached to a health institution shall be established except with the licence of the District Council. No such licence shall be given unless the following conditions are fulfilled. <sup>(49)</sup>

Medical Analysis Laboratories.

- (a) in respect of an independent laboratory the applicant for a licence must be a pathologist;
- (b) in respect of a laboratory attached to a private health institution:—

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48. 1978 Act No. 1



- (i) such institution must be licensed pursuant to the provisions of this Act;
- (ii) such laboratory must be managed by a pathologist. If no pathologist is available, any scientific officer, laboratory technician or laboratory assistant may work therein under the supervision of the medical practitioner responsible for the management of such health institution.

Laboratories in the Public Sector Excepted.

55. Laboratories subordinate to the Ministry, the University or higher institutes and their employees shall, when working within the bounds of their official duties therein, be excepted from the provisions of this Part.

Penalties.

56. Whoever contravenes any of the provisions of this Part, the decisions or conditions of licences made thereunder shall be punished with suspension of the licence for a period not exceeding one year or with imprisonment for a term not exceeding two months or fine not exceeding Ls. 200 or with all these penalties together.

#### **PART X: MOTHER AND CHILD CARE**

The Central Committee for Mother and Child Care.

57. (1) There shall be established in the Ministry, by an order to be made by the Minister, a committee for mother and child care to be known as the "Central Committee for Mother and Child Care". It shall be constituted as follows:—

- (a) the Deputy Under-Secretary for Preventive Medicine Chairman
- (b) the Assistant Under-Secretary for School Health and Mother and Child Care Referendary
- (c) the Assistant Under-Secretary for Health Education Member
- (d) the Senior Paediatrist or whoever acts for him Member
- (e) the Senior Obstetrician and Gynaecologist or whoever acts for him Member
- (f) the Head of Food Section in the Ministry Member

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- (g) the Assistant Commissioner, Khartoum Province  
Member
  - (h) the Principal of Midwifery and Nursing in the  
Ministry Member
  - (i) a representative of the Social Care Department  
Member
  - (j) a representative of the Attorney-General's Cham-  
bers Member
  - (k) the Minister may appoint not more than three  
persons Members

(2) The District Councils may establish in the provinces committees for Mother and Child Care and branch committees in central towns and rural areas. They shall notify the Ministry within a sufficient time so as to train staff in preventive and therapeutic service and to provide equipment, medical supplies, and rations, which the Ministry submits as part of its programmes to the UNICEF or provided by the Ministry as part of its development budget or chargeable against appropriations allocated by the District Councils in their universal budgets. <sup>(50)</sup>

(3) The Ministry shall provide such committees with all technical and cultural knowledge whenever required to do so.

58. (1) Subject to the provisions of Sections 5 and 9 the Central Committee for Mother and Child Care shall have the following functions:—

- (a) to propose the basis and standards and national planning for providing preventive, therapeutic and social services for mothers and children and to ensure just distribution of such services in towns and rural areas;
- (b) to propose chronological programmes for immunization of children against communicable diseases;
- (c) to strive to provide and train qualified staff in the field of mother and child care and to plan for providing kindergartens and nursing homes in co-ordination with the competent authorities.

Functions of the Central Committee for Mother and Child Care.

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50. The People's Local Government Act, 1981

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- (d) to allocate appropriations for providing preventive, therapeutic and social services for mothers and children such as medical equipment, food, medicine and to supervise the distribution thereof among the mother and child care sections in the provinces and the health centres subordinate thereto and to lay down rules for their just distribution;
  - (e) to propagate health knowledge in co-ordination with the Health Education Section in the Ministry and the Ministry of Internal Affairs;
  - (f) to co-ordinate with the Food Section in the Ministry, the National Council for Research and the University for carrying out studies for the discovery of malnutrition diseases among children in the provinces with the object of extermination of such diseases;
  - (g) to strive to convene periodical conferences in the provinces for studying mothers' and childrens' problems and to find the appropriate solutions therefor.

(2) Subject to the provisions of Section 57 (2) branch committees for Mother and Child Care in the provinces shall, within the bounds of the province concerned, exercise functions similar to those of the Central Committee for Mother and Child Care provided for in sub-section (1).

Regulations.

59. The Minister may, after consultation with the Health Board, make regulations with the object to co-ordinate the relation between the Health Board and the Central Committee for Mother and Child Care. He may include therein the necessary provisions for ensuring supervision by the Health Board over the business of the Central Committee for Mother and Child Care so as to ensure the implementation of the provisions of this part.

Meetings.

60. The Central Committee for Mother and Child Care shall convene once every month on call by its Chairman. Half the number of members shall constitute a quorum and the decisions

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of the Committee shall be passed by a simple majority vote. In case of equality of votes the Chairman shall have a casting vote.

## PART XI: MEDICINE

61. (1) "Physician" means every person who is a graduate of any faculty of medicine and who holds a university degree recognized in the Sudan. Practice of the medical profession.

(2) No person shall practise the profession of medicine unless he fulfils the following conditions:—

- (a) he is registered in the physicians' register with the Medical Council; <sup>(51)</sup>
- (b) he is in possession of a licence of the Public Health Board or the Province Health Committee to practise medicine.

62. (1) Saving Physicians licences under Section 61 (2) no person shall:— Practising medicine without qualifications or licence prohibited.

- (a) assume any of the functions performed by a physician;
- (b) advertise, offer or attempt to offer any drugs to any patient with the object of curing him of his ailment or any disability;
- (c) attempt to perform any surgical operation, or make any cut or amputation upon the body of any person with the object of curing him of any ailment or disability.

(2) Whoever contravenes any of the provisions of this Section shall be punished with imprisonment for a term not less than six months and not exceeding three years and fine not exceeding Ls. 200.

63. (1) The Minister may, for any of the following reasons, prohibit any physician from practising the profession for a period not exceeding one month during which the case shall be submitted to the Health Board:— Prohibition of a physician from practising medicine.

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51. 1980 Act No. 28

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- (a) suffering from a mental disease which may expose the health of the patient to danger;
  - (b) suffering from a disability preventing him from practising the profession;
  - (c) drug addiction or alcoholism which may expose the health of the patient to danger;
  - (d) conviction of offences affecting the honour or ethics of the profession.

(2) The Minister may review his decisions made under sub-section (1) and permit the physician to practise the profession in any of the following cases:—

- (a) if he has recovered from the mental disease or disability and such recovery has been proved by a certificate issued by the competent authorities.
- (b) if he has appealed to the Minister in writing within one month from the date on which he was notified of the decision and the Minister has allowed his appeal;
- (c) if the prohibition was made under paragraph (d) of sub-section (1) and the Medical Council cancels its decision of conviction.

Prohibition of physicians from private practice.

64. The Minister may make regulations specifying the categories of physicians employed in the public sector who are prohibited from running private health institutions. He may after consultation with the Minister of Finance and Economic Planning, include therein the determination of allowances to be granted to them in consideration of such prohibition.

Trading in drugs prohibited.

65. (1) Any physician, while practising his profession, is hereby prohibited from:—

- (a) participating in any trade of buying, selling or importing medicines or medicaments whether in wholesale or retail;

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- (b) binding any patient to obtain any prescription from a particular pharmacy.

(2) A Province Health Committee may, in case there is no pharmacy within an area, give a licence to any physician to bring into his private clinic any drugs or medicaments in a limited quantity; provided that he shall dispense them to patients at cost price and without any profit.

66. The Minister may, in consultation with the Medical Association and whenever circumstances so necessitate, call to all or any physicians in the public and private sectors to work in any part of the Sudan or abroad for any period he deems appropriate; provided that he shall grant them adequate remuneration or special allowances to be assessed in consultation with the Ministry of Finance and Economic Planning Reform, according to their statuses in the public and private sectors.

Summoning physicians for emergency service.

67. Whoever contravenes any of the provisions of this Part (save Section 61) or the orders made thereunder shall be punished with a fine not exceeding Ls. 500 in addition to any other administrative penalty.

Penalties.

## PART XII: MIDWIFERY

68. (1) No midwife shall practise the profession of midwifery except under a licence granted by the Assistant Commissioner. No licence shall be granted unless the midwife:—

Licence to practice Midwifery.

- (a) has obtained educational and training qualifications required according to the standards prescribed in the regulations;
- (b) has been registered in the midwifery register of the Auxiliary Medical Professions Register. <sup>(52)</sup>

(2) No midwife shall carry on private practice except with the consent of the District Council in a province and after fulfilling the conditions set out in sub-section (1). District Council may define a specified area wherein a midwife may practise the profession of midwifery. <sup>(53)</sup>

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52. 1978 Act No. 1

53. The People's Local Government Act, 1981

69. A midwife shall:—

- (a) put up a signboard to indicate the place of her residence and notify the District Council of any change in her address; <sup>(54)</sup>
- (b) observe the honour of the profession in her behaviour and in dealing with the public, her supervisors and colleagues;
- (c) perform her duty with utmost care before, during and after delivery;
- (d) submit herself to medical examination annually to ensure that she is free from and disease which may endanger the health of a pregnant woman, mother or child;
- (e) perform her duty at any time and under all circumstances. In case she is called for numerous cases of labour at the same time she shall determine the priorities according to the degree of labour;
- (f) inform the competent health authorities of any case of miscarriage, and of whether a child was born alive or dead and whether it was quick born;
- (g) inform the competent health authorities immediately whenever she suspects that a mother, a child or both have suffered any action by an unlicensed midwife. The competent health authorities shall thereupon take the necessary measures;
- (h) inform the competent health authorities immediately whenever she suspects the likelihood of abortion or registration of a child which does not belong to its alleged mother. The competent health authorities shall thereupon take the necessary measures.

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54. The People's Local Government Act, 1981

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70. No midwife shall advertise herself in the newspapers or by any means with the object of obtaining any financial or professional benefit for herself. Publicity prohibited.

71. In case of difficult delivery or whenever it is likely that the life of the pregnant woman or child is in danger a midwife shall take speedy measures to summon the nearest physician or to send the pregnant woman to hospital. Difficulty of delivery.

72. Without prejudice to any punishment provided for by any other law whoever contravenes any of the provisions of this Part may be punished with imprisonment for a term not exceeding one month or fine not exceeding Ls. 30 or with both. Penalties.

### PART XIII: MENTAL HEALTH

73. (1) There shall be established in every province a board subordinate to the Commissioner, to be known as "the Mental Health Board" consisting of:— The Province Mental Health Board.

- (a) the Commissioner Chairman;
- (b) the Assistant Commissioner Rapporteur;
- (c) the psychiatrist or the person responsible for the management of the mental diseases section in the Province Member;
- (d) a representative of the security organ (to be appointed by the Commissioner) Member;
- (e) a sociologist or a social researcher from the Social Care Department Member;
- (f) a representative of the Prisons Department (to be appointed by the Commissioner) Member;
- (g) a representative of the Attorney-General's Chambers Member;
- (h) three of the members of the Province Health Committee Members.



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(2) The Province Mental Health Board shall have the following functions:—

- (a) to undertake studies and research in psychological, mental and nervous diseases and disturbances and provide protection, treatment and the necessary care for those suffering from the same and to endeavour to establish the necessary health centres for treatment of mental diseases in the province according to the conditions prescribed by any regulations or orders made under this Act;
- (b) to set up mental health committees subordinate to the People's Local Government Councils in any area it deems necessary to establish such a committee therein;
- (c) to order the detention of any patient whose detention is recommended by the psychiatrist if he constitutes a danger to himself or others and take such legal measurements before any competent Court for attachment of the property of such patient and restricting disposal thereof until his recovery;
- (d) to receive monthly reports from the psychiatrist on the detained patients and take such measures as it deems appropriate in respect of such reports;
- (e) to make the necessary bye-laws for regulating the conduct of business of the Board and to submit any recommendation to the Commissioner concerning the regulation of the mental health administration or the mental asylums in the province.

Appeals against decisions of the Province Mental Health Board.

74. Any person against whom a decision in accordance with the provisions of Section 73 (2) (c) has been taken by the Province Mental Health Board may appeal against such decision within one month after its date to the Province Judge.

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75. District Council may whenever it deems necessary, issue directions of a general nature relating to the business of the Province Mental Health Board, the Mental Health Section of the Province Mental Health Committees. Such directions shall be complied with. <sup>(55)</sup>

Powers of the District Council to issue directions of a general nature.

#### PART XIV: OCCUPATIONAL HEALTH

76. (1) There shall be established in the Ministry an occupational health section to be managed by a physician specialized in occupational health and medicine. The section shall be provided with all technical facilities and qualified staff in the field of occupational health.

The Occupational Health Section in the Ministry.

(2) The section shall perform all the duties and functions with which it is charged under this Act or any other law in force relating to employees' health at places of work.

77. The Occupational Health Section shall have the following functions:—

Functions of the Occupational Health Section.

- (a) to provide consultative service in the field of occupational health and medicine to the competent authorities in accordance with the laws and regulations in force;
- (b) to undertake examination of employees for discovering occupational diseases in their early stages, to treat the same and to remove their causes;
- (c) to follow up cases of disability arising out of industrial injuries and occupational diseases and to participate in making the persons affected fit thereby;
- (d) to recommend to the District Councils the establishment of occupational health branches in the various provinces, wherein all the requisite technical and scientific facilities are provided. The General Occupational Health Section shall train all the requisite staff; <sup>(56)</sup>

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55. The People's Local Government Act, 1981

56. The People's Local Government Act, 1981.

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- (e) to devise curricula for training medical and health staff with the object of qualifying them scientifically and technically for undertaking the supervision and the inspection in factories and sites of work;
  - (f) to undertake laboratory and field research and studies of processes and industries fraught with health hazards with the object of avoiding their dangers;
  - (g) to train staff to shoulder the responsibility of first aid and in the principles of prevention;
  - (h) to undertake studies for the improvement of safety clothing and equipment in a manner suiting local conditions.

Medical decisions of the Occupational Health Section.

78. The medical decisions taken by the head of the section or any medical practitioner appointed by him on sick-reports, official papers or forms of the Occupational Health Section shall be binding on all the parties concerned; provided that they are duly signed and sealed with the seal of the Occupational Health Section.

The Supreme Technical Committee.

79. (1) The Minister shall, in consultation with the Minister of Finance and Economic Planning, establish a Supreme Technical Committee consisting of nine members; four from the Occupational Health Section in the Ministry, four from Labour Department and the Head of Department of Preventive Medicine in the Faculty of Medicine of the University of Khartoum (or whoever acts for him).

(2) The Committee shall appoint a chairman and referendary from among its members. It may make bye-laws to regulate the procedure of its business and meetings.

Functions of the Supreme Technical Committee.

80. The Supreme Technical Committee shall have the following functions:—

- (a) to propose or study any legislation relating to occupational health or industrial security whenever requested to do so by the competent authorities;

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- (b) to propose the requisite specifications and standards or the necessary training for occupational health medical practitioners, or other health or technical staff working in the field of occupational health and industrial safety;
  - (c) to undertake studies and research in the most successful means and standards for training factory employees to the field of the occupational health or the industrial safety and to submit specific recommendations therein to the competent authorities;
  - (d) to propose bases of participation in local, regional or international occupational health or industrial, safety conferences, with the object of ensuring representation of all authorities concerned as far as possible;
  - (e) to propose bases of co-ordination of work between the Industrial Safety Section in the Department of Labour and the Occupational Health Section in the Ministry.

#### **PART XV: GENERAL PROVISIONS**

81. (1) The Minister may make any regulations he deems appropriate, for the implementation of the provisions of this Act.

Regulations.

(2) Without prejudice to the generality of the foregoing provisions of sub-section (1), the Minister may provide in such regulations for the following:—

- (a) the re-organization of the Ministry, its central administrative structure, co-ordination among its various department, relationship with People's Local Government Councils and workers in the field of public health in the provinces;
- (b) the basis for constitution of the committees to be established in accordance with section 6,

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the number of members of each committee and the procedure to be followed in conducting their business;

- (c) the standards and specifications requisite in health institutions in both the public and private sectors, the systems for their management, the manner of their control, the fees payable in respect of private health institutions licences and their renewal;
- (d) the confinement and treatment of sleeping sickness or other epidemic or communicable diseases and the means of their extermination;
- (e) mother and child care and matters relating thereto;
- (f) the manner of vaccination and re-vaccination and determining the intermediate period between vaccination against any of the diseases mentioned in Part VII and another thereof;
- (g) the rules and standards for health services, the means of following-up their execution and development and the basis for their distribution.

Functions of the Minister.

82. The Minister shall be the supreme authority for controlling health services throughout the Sudan and the person primarily responsible to the President of the Republic for devising programmes, developing health services, providing the specialized or technical staff necessary therefor and continuous modernization in all its fields.

Delegation of Powers.

83. The Minister may, in writing, delegate any of his powers under this Act to the Health Board, to any province health committee, to any Commissioner, to the Under-Secretary, any of his deputies or to any technical inspector in the Ministry.

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## THE FIRST SCHEDULE

(See Section 12)

Conditions which must be fulfilled by the management of private hospitals and private health institutions.

1. In this Schedule unless the context otherwise requires:— Interpretation.

“**Private Hospital**” means any hospital established by a person other than the Ministry and technically prepared to render comprehensive medical services of the same standard as the Ministry’s hospitals, and including (as a minimum) a casualty in-patients, convalescence or an obstetric section, a medical analysis laboratory, X-ray equipment and complete surgical equipment.

“**Private nursing home**” means any nursing home established by a person other than the Ministry, wherein patients find care, health supervision and nursing.

“**Private Maternity Home**” means any home established by a person other than the Ministry for reception of pregnant women and health supervisions over them during pregnancy, their accouchement and taking care of them and their children after delivery.

“**Private health unit**” means any unit established by a person other than the Ministry with the object of examination, prevention of diseases and treatment of patients.

“**Private clinic**” means any clinic established by any medical practitioner for general or specialized treatment, wherein there is no place for accommodation of patients.

“**Private laboratory**” means any independent laboratory established by a person other than the Ministry for laboratory analysis, whether bacteriological, pathological or biochemical.

“**Attached Laboratory**” means any laboratory attached to any private clinic established by a person other than the Ministry for laboratory analysis, whether bacteriological, pathological or biochemical.

(2) No person shall run any private hospital or health institution except after fulfilling the following conditions:—

Conditions for management of private hospitals and health institutions.

(a) in respect of a private hospital:—

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its manager must be a physician registered in the general register of physicians with the Medical Council and have the licence of the competent authorities to run a private practice;

(b) in respect of a private nursing home:—

its manager must be a physician registered in the General Register of Physicians with the Medical Council and have the licence of the competent authorities to run a private practice or it must be managed by a "sister" who is holder of a diploma of the High Nursing College or any other diploma recognized by the Auxiliary Professions Board and who is registered in the General Register of Auxiliary Medical Professions and has the licence of the competent authorities to run a private practice; <sup>(57)</sup>

(c) in respect of a private maternity home:—

its manager must be a physician registered in the general register of physicians with the Medical Council and has the licence of the competent authorities to run a private practice or it must be managed by a midwife nurse registered in the General Register of Auxiliary Medical Profession and has the licence of the competent authorities to run a private practice; <sup>(58)</sup>

(d) in respect of a private health unit:—

it must be managed by a physician who is registered in the General Register of Physicians with the Medical Council and has the licence of the competent authorities to run a private practice;

(e) in respect of a private clinic:—

the person responsible for its management must be a physician registered in the General Register of Physicians with the Medical Council and has the licence of the competent authorities to run a private practice;

(f) in respect of a private laboratory:—

its manager must be a pathologist registered in the general register of physicians with the Medical Council and has the licence of the competent authorities to run a private practice;

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57. 1978 Act No. 1.

58. Ibid.

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(g) in respect of an attached laboratory:—

the person responsible for its management must be a laboratory technician or laboratory assistant; provided that he shall work under the control and responsibility of a physician.

## THE SECOND SCHEDULE

(See Part IV)

Classification of employees in the Auxiliary Medical Professions. <sup>(59)</sup>

1. For the purposes of Part IV of this Act, employees in the Auxiliary Medical Professions shall be classified as follows: <sup>(60)</sup>

(a) technicians:—

- (1) health officer;
- (2) radiographer which includes neural radiographer and heart and blood vessels radiographer;
- (3) (laboratory) scientific officer;
- (4) radiotherapeutical scientific officer;
- (5) social researcher;
- (6) laboratory technicians;
- (7) optics technicians;
- (8) orthoptic technicians;
- (9) dental mechanic technicians;
- (10) sister;
- (11) (midwife) sister;

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59. 1978 Act No. 1.

60. Ibid.



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- (12) orthopaedic technicians;
  - (13) radiotherapeutic technicians;
  - (14) nutrition technicians;
  - (15) massage technician;
  - (16) cardiogram technicians;
  - (17) dispenser;
  - (18) audiometry technicians;
- (b) technical assistants:—
- (1) midwife nurse;
  - (2) health visitor;
  - (3) general medical assistant;
  - (4) nursing instructor;
  - (5) ophthalmics medical assistant;
  - (6) dentistry medical assistant;
  - (7) neural diseases medical assistant;
  - (8) anaesthetics medical assistant;
  - (9) theatre attendant;
  - (10) pharmacy medical assistant;
  - (11) massage medical assistant;
  - (12) laboratory assistant;
  - (13) health superintendent;
  - (14) senior dresser or nurse;

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(15) medical statistics clerk.

(c) ancillary professions:—

(1) nurse or dresser;

(2) assistant health superintendent;

(3) village midwife;

(4) assistant health visitor.

2. The Minister may, by order published in the Gazette, add to, omit from or amend in any manner this Schedule if the development of medical services so requires.

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## THE THIRD SCHEDULE

(See Part V)

### Communicable Diseases

“A”

1. Cholera,
2. Small pox,
3. Yellow fever,
4. Plague,
5. Typhus fever,
6. Relapsing fever,
7. Chicken pox,
8. Diphtheria,
9. Poliomyelitis,
10. Meningitis (cerebrospinal),
11. Communicable liver disease (communicable Jaundice),
12. Typhoid fevers,
13. Tuberculosis (pulmonary),
14. Rabies,
15. Tetanus,
16. Food poisoning,
17. Anthrax,

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18. Puerperal fever,

19. Measles.

**“B”**

1. Malaria,

2. Anchylostomiasis,

3. Bilharziasis,

4. Dysentery,

5. Glanders,

6. Gonorrhoea,

7. Leishmaniasis (Kala Azar),

8. Leprosy,

9. Mumps,

10. Acute conjunctivitis,

11. German measles,

12. Scabies,

13. Phlebotomus fever,

14. Soft Sore,

15. Syphilis,

16. Trypanosomiasis (sleeping sickness),

17. Maltese fever.

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18. Whooping cough,
  19. Guinea worm,
  20. Filariasis,
  21. Yaws,
  22. Madura.

“C”

1. Elephantiasis,
2. Erysipelas,
3. Influenza,
4. Pneumonia.