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SÃO TOMÉ AND PRINCIPE

DIARY OF THE REPUBLIC

LIKE IN RIO

NATIONAL ASSEMBLY

Lei n.º 09/2018

Basic Health Law.

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Basic Health Law

Preamble

Considering that it is urgent to define the main lines of the policy that should govern the entire area of activity in the Health sector in São Tomé and Príncipe;

In the need to establish the foundations of National Health Service (SNS), including the definition of health actions and services, carried out alone or jointly, permanently or not, by legal entities governed by public or private law, with a view to promoting and protecting health , prevention, treatment and rehabilitation of patients;

Bearing in mind that this Law is intended to implement a reform program that allows for the improvement of the performance of the Health, to better satisfy the needs of the population;

Considering further that the purpose of this reform is to reorient the sector so that it overcomes current difficulties and continues to be an instrument for the development of S. Tomé and Príncipe;

The National Assembly decrees, in accordance with paragraph b) of article 97 of the Constitution, the following:

CHAPTER I
General Provisions

Article 1
Definitions

For the purposes of the provisions of this Law, it is understood that I know by:

a) “Health” - the state of complete physical, mental and social well-being and not just the absence of disease, in accordance with the definition of the World Health Organization (OMS);

b) “National Health Service (SNS)” - the integrated set of all human, financial and material resources of public, private or mixed ownership that the company central ministry, local authorities and other entities come together to ensure the population’s right to health and in particular, the provision of health care suited to their needs;

c) “Health Authorities” - the State bodies and services that, at national, regional and local level, have the function of defending public health and monitoring the decisions of other entities in this matter;

d) “Public Health Sector (SPS)” - or with- with public health care institutions and services dependent on the member of the Government responsible for the Health Area, including all public health promotion, prevention, treatment and rehabilitation units;

e) “Health Subsystems” - entities of a public or private nature that, by law or contract, ensure health services to groups of citizens, being financed by contributions, other contributions from the respective beneficiaries and other subjects, namely from employers;

f) “Health Areas” - constitute health sub-systems that ensure primary and secondary health care, that is, health services to groups of citizens, financed by membership fees, contributions from the respective beneficiaries and other others subjects, namely employers;

g) “Associations for the Promotion and Defense of Health”- associations governed by private law that contribute to ensuring the participation of users in collective, public or private initiatives, promoting the defense of health and their interests before the competent bodies for defining health policy;

h) “Health Professionals in Liberal Practice” - natural or legal persons who carry out an activity of a technical nature, with the aim of providing health care of a promotional, preventive or curative nature in accordance with the law;

i) “National Health System” - set of different types of resources that the State, society, the community or simply a group of populations, bring together to organize the provision of care, in case of illness and in the promotion of health in a harmonious manner and in chain;

j) “Private Health Units” - establishments not integrated into the National Health Service whose purpose is to provide any medical services with or without hospitalization or recovery room;

k) “Pharmacy” - is any place where drugs, medicines, pharmaceutical inputs and related substances can be purchased, and magisterial and officinal formulas can also be manipulated, upon medical prescription or contained in the pharmacopoeia;

l) “Medicine Authority” - entity responsible for pharmaceutical activity that covers production, supervision, import, distribution and marketing of medicines, medical devices and other pharmaceutical products;

m) “Staff” - constitutes the personnel of the National Health System: doctors, nurses, midwives, diagnostic and therapeutic support technicians, laboratory technicians, paramedics and medical assistants.

Article 2
Constitutional dignity

The right to health protection is a right stated in the Constitution of São Tomé and Príncipe, in paragraphs 1, 2 and 3 of article 50, in the following terms:

a) Everyone has the right to health protection and the duty to defend it;

b) It is the State's responsibility to promote public health, which aims to ensure the physical and mental well-being of populations and their balanced integration into the socio-ecological environment in which they live, in accordance with the National System -onal Health (SNS);

c) The practice of private medicine is permitted, under the conditions established by law.

Article 3
General principles

1. Health protection constitutes a right of individuals and the community that is effective through the joint responsibility of citizens, society and the State, in freedom to seek and provide care, in accordance with the Constitution and other provisions laws;

2. The State promotes and guarantees access for all citizens to healthcare within the limits of available human, technical and financial resources;

3. The promotion and defense of public health are carried out through the activities of the State and other public entities, and civil society organizations may be associated with that activity;

4. Health care is provided by public, private or mixed services and establishments, always under the supervision of the State, whether they are for-profit or not.

Article 4
Specific guidelines and principles

1. Health actions and services, as well as private services that make up the National Health Service (SNS), are developed in accordance with the guidelines set out in the Constitution of the Republic in its article 50, observing a diversity of principles underlying it, namely:

a) Universal access to services at all levels of health care;

b) The solidarity of all users in guaranteeing the right to health and in contributing to the financing of health care, in accordance with specific legislation, which must safeguard the principle of equity;

c) Defending equity in the distribution of resources and use of services;

d) Safeguarding human dignity and preserving the physical and moral integrity of users and providers;

e) Freedom to choose a health establishment and level of care provision

health, with limitations arising from existing resources and the organization of services;

f) Safeguarding professional ethics and deontology in the provision of health services;

g) The participation of users, in the identification of problems, in the definition of strategies to follow their application and in all actions that call for their intervention;

h) The multi-sectoral nature of interventions in the field of health, with special attention to the social determinants of health, namely poverty, work, water supply conditions, basic sanitation, housing, education and nutrition of populations.

2. The State recognizes the interdependence between the population's level of health and the national socioeconomic development stage and the multi-sectoral nature of the factors determining and conditioning health.

3. To achieve the best possible level of health in the country, it is necessary to involve different sectors of national development and not just the action of the Ministry responsible for the Health sector.

Article 5.
Health policy

1. Health policy has a national scope, is defined and adopted by the government and follows the following guidelines:

a) Health promotion and disease prevention are part of the priorities in planning State activities;

b) It is a fundamental objective to obtain equality for citizens in access to health care, whatever their economic condition, gender and wherever they live, as well as guaranteeing equity in the distribution of resources and the use of services;

c) Special protection measures are taken for groups subject to greater risks, such as children, adolescents, pregnant women, the elderly, disabled people, drug addicts, people with HIV, Tuberculosis, Malaria, mental patients, some non-communicable diseases, workers whose profession justifies it and other others regulated in other diplomas;

d) Health services are structured and function according to the interests of users and are articulated with each other and also with security and social welfare services;

e) The management of available resources must be conducted in such a way as to obtain the greatest socially useful benefit from them and to avoid wastage and misuse of services;

f) The development of the private health sector is supported and, in particular, the initiatives of private institutions of social solidarity, in competition with the public sector;

g) The participation of individuals and the organized community in defining health policy, planning, organizing and controlling the functioning of services is promoted;

h) Health education of the population is encouraged, encouraging individuals and social groups to modify behaviors that are harmful to public and individual health;

i) Training and research are encouraged, and efforts should be made to involve services, professionals and the community.

2. Health policy has an evolutionary nature, permanently adapting to the conditions of the national reality, based on evidence, needs and resources.

Article 6
Nature of healthcare legislation

Health legislation is of public interest and order, meaning that non-compliance with it implies criminal, administrative, civil and disciplinary liability, as established by law.

Article 7
Health system and other entities

1. The health system aims to implement the right to health protection.

2. To implement the right to health protection, the State acts through its own services, enters into agreements and partnerships with various entities for the provision of health care.

3. Citizens and public and private entities must collaborate in creating conditions that allow the exercise of the right to health protection and the adoption of healthy lifestyles.

Article 8
Rights and duties of citizens

1. Citizens are primarily responsible for their own health, individual and collective, and have the duty to defend and promote it.

2. Citizens have the right to have public health services constituted and operated in accordance with their legitimate interests.

3. The freedom to provide health care is recognized, with the limitations arising from the law, particularly with regard to professional qualification requirements.

4. The freedom to provide healthcare includes the right to establish non-profit or for-profit entities to provide that provision.

5. Freedom of choice in access to the national health care network is recognized, with limitations arising from existing resources and the organization of services.

CHAPTER II

The Institutional Framework

Article 9
State Responsibility

1. The definition of the Health Policy is the responsibility of the Government.

2. The Ministry responsible for the Health sector is responsible for proposing the definition of the National Health Policy, promoting and monitoring its implementation, and coordinate its action with that of the ministries that oversee related areas and other partners.

3. All departments, especially those operating in the specific areas of social security and well-being, education, employment, sport, environment, economy, tax system, housing, urban planning, among others, must be involved in health promotion.

4. The Central Services of the Ministry responsible for the Health sector carry out regulatory, guidance, planning, evaluation and inspection functions in relation to the National Health Service.

Article 10
National Health Council

1. The National Health Council is created, which represents those interested in the functioning of health care providers and is a Government consultation body.

2. The National Health Council includes representatives of users, workers, management, government departments and other entities.

3. User representatives are elected by the National Assembly, on the proposal of organized civil society.

4. The composition, competence and functioning of the National Health Council are regulated in a specific statute.

Article 11
Autonomous Region of Príncipe and Local Authorities

1. The Health Policy is defined by the Central Government, and implemented by it, the Regional Government, and the Local Authorities in obedience to the principles established in the Constitution of the Republic and in this Law.

2. Without prejudice to any transfer of powers, the Regional Government and Local Authorities participate in common action in favor of collective and individual health, intervene in the definition of lines of action in which they are directly interested and contribute to its implementation within the their duties and responsibilities.

Article 12
International relations

1. Taking into account the indivisibility of health in the international community, the State of São Tomé recognizes the consequent interdependencies in the health sector at a global level and assumes the respective responsibilities.

2. The São Tomé State is co-related with the international health organizations of recognized prestige, coordinates its policy with the major guidelines of these organizations and guarantees compliance with freely assumed international commitments.

3. Bilateral and multilateral cooperation is encouraged with other countries, bodies and cooperation agencies in the field of health, in particular with Portuguese-speaking countries.

Article 13
Border health defense

1. The State of São Tomé promotes health protection within its borders, with respect for the general rules issued by the competent bodies.

2. In particular, it is up to the competent bodies to study, propose, execute and monitor the necessary measures to prevent the import or export of diseases subject to the International Health Regulations, face the threat of expansion of communicable diseases and promote all health operations required to defend the health of the international community.

CHAPTER III
From Entities Providing Care
General Health

Article 14
Health system

1. The Health System is made up of the National Health Service (SNS) and all public and private entities that carry out health promotion, prevention and treatment activities, and all free professionals who agree with the first, in the provision of all or some of those activities.

2. The National Health Service covers all institutions and official services providing care.

healthcare workers dependent on the Ministry responsible for the Health sector and has its own Statute.

3. The Ministry in charge of the Health sector may establish partnerships and sign contracts with private entities, to provide health care to beneficiaries of the National Health Service, whenever this appears advantageous, always taking into account the quality-cost binomial , and as long as the right to

access.

4. The national network for the provision of healthcare includes establishments of the National Health Service, private establishments and professionals under a liberal regime with whom contracts are signed under the terms of the previous number, or all legal requirements for the purpose of providing services are met. -tion.

5. In general, the same rules should be adopted in the payment of care and in the financing of health units within the national health care network.

6. Quality control of all healthcare provision is subject to the same level of demand.

Article15
Health care

1. The National Health Service is based on differentiated health care that must be provided to the population.

2. Effective articulation between the various levels of health care must be promoted, which permanently guarantees the reciprocal and confidential circulation of relevant clinical information about users.

3. Access to healthcare follows the principle of hierarchical use of the healthcare network, except in cases of urgency.

Article 16
Levels of health care

1. The health system is based on primary, secondary and tertiary health care that must be at the service of the population.

2. Intense coordination between the various levels of health care must be promoted, reserving the intervention of the most differentiated ones for situations that need them and permanently guaranteeing the reciprocal and confidential circulation of relevant clinical information about users.

Article 17
User status

1. Users have the right to:

a) Choose, within the scope of the health system and to the extent of existing resources and in accordance with organizational rules, the service and providing agents;

b) Decide, receive or refuse the provision of care proposed to them, unless there is a special provision by law;

c) Be treated by appropriate and available means, humanely and with promptness, technical correctness, privacy, respect and courtesy;

d) Strictly respect the confidentiality of the personal data revealed;

e) Be informed about their situation, possible treatment alternatives and the likely evolution of their condition;

f) Receive, if they wish, religious assistance in;

g) Complain and file complaints about the way they are treated and, if applicable, receive compensation for losses suffered;

h) Establish entities that represent them and defend their interests;

i) Establish entities that collaborate with the health system, namely in the form of associations for the promotion and defense of health or groups of friends of health establishments.

2. Users must:

a) Respect the rights of other users;

b) Observe the rules on the organization and operation of services and establishments;

c) Collaborate with health professionals regarding their own situation;

d) Use the services in accordance with the established rules;

e) pay the costs arising from the provision of health care, when applicable;

f) Respect all health professionals and treat them with courtesy and necessary correction.

3. In relation to minors and incapacitated people, the law must provide for the conditions under which their legal representatives can exercise their rights, namely those to refuse assistance, in compliance with the constitutionally defined principles.

Article 18
Healthcare professionals

1. The law establishes the essential requirements for the performance of functions and the rights and duties of health professionals, particularly those of a deontological nature, taking into account the social relevance of their activity.

2. The human resources policy for health aims to meet the needs of the population, guarantee the training, safety and encouragement of professionals, encourage full dedication, avoid conflicts of interest between public activity and private activity, facilitate mobility between the public sector and the private sector and seek adequate coverage in the national territory.

3. The Ministry in charge of the Health sector organizes a national register of all health professionals, regardless of those whose registration is mandatory in a professional association governed by public law.

Article 19
Training of health professionals

1. Training and professional development include the ongoing training of healthcare personnel, which constitutes a fundamental objective to be pursued.

2. The Ministry responsible for the Health sector collaborates with the Ministry responsible for the Education sector in the training activities that are in charge of the latter, providing all the elements relevant to their pursuit.

3. Staff training must ensure the highest possible technical-scientific qualification, taking into account the field and level of the staff in question, awakening in them a sense of professional responsibility, without forgetting the concern for the best use of available resources, and, in all cases, be guided towards instilling in professionals respect for the life and rights of people and patients as the first duty they must observe.

Article 20
Investigation

1. Research of interest to health is supported, and collaboration in this field is encouraged between the services of the Ministry responsible for the area of Health and Universities, Scientific and Technological Research Centers and other entities, public or private.

2. In particular, Sao Tome participation in research programs in the field of health must be promoted.

3. The research actions to be supported must always observe, as a guiding principle, that human life is the maximum value to promote and safeguard in any circumstances.

Article 21
Organization of territory for the health system

1. The organization of the Health System is based on the division of the National Territory into 4 areas of health, namely the Health Area of the Northern Region, Health Area of the Central Region, Health Area of the Southern Region, and Health Area of the Autonomous Region of Príncipe.

2. Each health area may comprise one or more Districts or Autonomous Region, and within it may contain one or more health centers and poles, when it is verified that this is essential to make the provision of primary and secondary care faster and more comfortable. of health.

3. The health areas in the regions mentioned above are dedicated to providing care primary and secondary health.

4. Tertiary health care is provided by the Central Hospitals of the respective regions.

Article 22
Health authorities

1. Health authorities are established at the national level and in the health areas of the regions, to guarantee the timely and discretionary intervention of the State in all serious and non-serious situations for public health (preventive and curative health), and are hierarchically dependent on the Ministry responsible for the Health sector.

2. Health authorities have the functions of monitoring the decisions of State and private executive bodies and services, in matters of public health, and may adopt necessary measures to prevent situations considered harmful.

3. It is also especially up to health authorities:

a) Monitor the level of health care provision in all health areas, public and private health establishments, specialized health services and other places that operate in the health field;

b) Order the suspension of activity or the closure of the services, establishments and places referred to in the previous paragraph, when they operate under conditions of serious risk to public health;

c) Trigger, in accordance with the Constitution and the law, the hospitalization or compulsory provision of health care to individuals in situations of harm to public health;

d) Carry out health surveillance at borders;

e) Request services, establishments and health professionals in cases of serious epidemics and other similar situations.

4. The functions of health authorities are independent of those of an operational nature in health services and are performed by people qualified and mandated for this purpose, preferably from a public health career.

5. There is always a hierarchical and contentious appeal against decisions made by health authorities in accordance with the law.

6. The General Health Inspectorate constitutes a true health authority, endowed with its own organic statute that allows it to act independently.

Article 23.º
Serious emergency situations

1. When catastrophe or serious health emergencies occur, the Minister in charge of the Health sector takes the exceptional measures that are essential, coordinating the action of the Ministry's central services with the bodies of the National Health Service and the various levels of health authorities.

2. If necessary, the Government may, in the situations referred to in paragraph 1, requisition, for the time absolutely indispensable, health professionals and establishments in private activity.

Article 24
Pharmaceutical activity

1. Pharmaceutical activity covers the production, marketing, import and export of medicines, medical devices, pharmaceutical products, hygiene products and cosmetics.

2. Pharmaceutical activity has its own specific legislation, which must guarantee the defense and protection of health, the satisfaction of the needs of the population, the rationalization of the consumption of medicines, health products and hospital consumables, and must the effect, to be subject to the discipline and joint supervision of the competent Ministries.

3. The discipline referred to in the previous paragraph concerns the installation of equipment, production of medicines, health products, hospital consumables and their operation.

Article 25
Clinical drug trials

Clinical trials of medicines are always carried out under medical direction and responsibility, according to rules to be defined in specific legislation and with the patient's consent.

Article 26
Laboratory activity

1. Laboratory activity covers prevention, detection and monitoring of diseases and scientific research.

2. Laboratory technical personnel have responsibility and a preponderant role in the National Health Service.

3. Laboratory activities have their own special legislation, which regulates all technical activities that must be within the required international principles and parameters, safeguarding the fundamental rights of the person and human dignity.

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4. The exercise of laboratory activity must, in all cases, safeguard the right to health, both of its beneficiaries and of the professionals themselves, providing for the provision of health care by those who have appropriate qualifications and qualifications and are accredited for that purpose.

CHAPTER IV
From the National Health Service

Article 27.º
National Health Service

The National Health Service is characterized by:

a) Be universal in terms of the population covered;

b) Provide comprehensive care or guarantee its provision;

c) Be partially free for users, taking into account the economic and social conditions of citizens;

d) Guarantee equity in access for users, with the aim of mitigating the effects of economic, geographic and any other inequalities in access to care;

e) Have an organization per district and region and deconcentrated and participatory management.

Article 28
Beneficiaries

1. All São Tomé citizens benefit from the National Health Service.

2. Foreign citizens residing in São Tomé and Príncipe, under conditions of reciprocity, and stateless citizens residing in São Tomé and Príncipe are also beneficiaries of the National Health Service.

Article 29
Organization of the National Health Service

1. The National Health Service, hereinafter referred to as (SNS), is an ordered and hierarchical set of all organizational structures of the public health sector, which contribute to the provision of health care, functioning under the supervision -tendency or supervision of the Minister in charge of the Health sector.

2. The National Health Service is supervised by the Minister in charge of the Health sector who administers it, throughout the National Territory.

3. Throughout the country's territorial extension, there are different Regional Health Areas, equipped with a management body composed of:

a) Health Delegate;

b) Administrator;

c) Head of Nursing Services;

d) Head of Laboratory Services;

e) Head of Pharmacy Services;

f) Head of Epidemiological Surveillance Services.

Article 30
Public hospitals

1. Public hospitals in São Tomé and Príncipe must be structured to respond to differentiated health care, namely tertiary care.

2. The operating, organization and management structures of Hospitals must be established on the basis of their own Statute.

Article 31
Legal status of healthcare areas

1. The Areas of the Regions must have a legal statute, which provides in detail about the structure, functioning and other relevant aspects.
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2. All Health Areas operate in a deconcentrated manner, and are endowed with administrative, financial and patrimonial autonomy, crucial to their effective functioning, under the supervision of ministerial supervision.

Article 32
Regional health delegate

The Health Delegate for the Regions is a doctor and the highest-ranking entity in the Health Areas and President of the Area's Board of Directors.

Article 33
Permanent evaluation

1. The functioning of the National Health Service is subject to permanent evaluation, based on statistical, epidemiological and administrative information.

2. Information is also collected on the quality of services, their degree of acceptance by the user population, the level of satisfaction of professionals and the reasonableness of the use of resources in terms of costs and benefits.

3. This information is processed in a complete and integrated system that covers all levels and all bodies and services, in a specific office specialized for this purpose, which may be in the General Health Inspection Office.

Article 34
Statute of National Health Services Professionals

1. Health professionals who work in the National Health Service are subject to the rules specific to the Public Administration, provided for in the Public Service Statute, and to other legislation that is framed in favor of the health of citizens, the well-being of social status and the quality of services.

2. The law establishes, to the extent necessary, its own rules on the status of health professionals, which must be appropriate to the exercise of their functions and delimited by professional ethics and deontology.

3. Professionals and staff of the National Health Service are allowed, without prejudice to the rules that regulate the exclusive dedication work regime, to carry out private activities, and the National Health Service cannot result in any responsibility for charges resulting from the care provided in this way to its beneficiaries.

4. Ongoing training is ensured for health professionals, with emphasis on specializations for doctors, based on the commitment of the National Health Services to benefit immediately from its services permanently or for a limited period of time.

Article 35
Professional orders

1. The Order of Doctors, Nurses and Midwives and other professional classes is recognized as having the role of defining the class's deontology, as well as participating, in terms to be regulated, in the definition of technical quality, even for acts carried out within the scope of the National Health Service, which is also responsible for supervising the free exercise of the professional activity of the classes.

2. Specific legislation regulates the careers of classes with the necessary dignity on the basis of their own statutes.

CHAPTER V
From financial resources to health

Article 36
Financing

1. The National Health Service is financed by the General State Budget, and other revenues and funds, legally designed for this purpose, duly specified in diplomas created for this purpose.

2. Institutions that are part of the National Health Service may charge all types of revenue that are legally provided for.

Article 37
Responsibility for charges

1. In addition to the State, all São Tomé and foreign citizens are responsible for the costs resulting from the provision of health care within the framework of the National Health System.

2. Users who belong to socially at-risk groups or who are financially more disadvantaged, who meet the requirements to be established in specific diplomas and present the required documentation to prove this, are exempt from paying charges.

3. The demonstration of the economic and social conditions of users is carried out according to rules to be established in a joint order by the Ministries responsible for the economic, social and health sectors.

Article 38
health insurance

1. Insurance contracts may be concluded under which the insurance entities assume, in whole or in part, responsibility for the provision of health care to beneficiaries of the National Health System.

2. The contracts referred to in the previous number cannot, under any circumstances, restrict the right of access to healthcare and must safeguard the beneficiaries' right to choose, but may, however, hold them responsible, in accordance with acceptable criteria to be defined.

3. The special law establishes incentives for the establishment of health insurance in São Tomé and Príncipe. on.

Article 39
National Health System Expenses

The functioning of the structures integrated into the National Health System is ensured by the General State Budget and other other revenues, if any, depending on the specificities of each one and the legal status they enjoy.

Article 40
User fees

1. In order to complete regulatory measures for the use of health services, user fees must be charged, which also constitute revenue for the operation and improvement of National Health Services.

2. Population groups subject to greater risks and the most financially disadvantaged are exempt from the fees referred to in the previous paragraph, upon presentation of the Poverty Certificate, or under other terms determined in specific legislation.

Article 41
Benefits

1. Specific legislation defines the benefits guaranteed to beneficiaries of the National Health Service or excludes from the object of these benefits, care not justified by the state of health.

2. Only in exceptional circumstances in which it is impossible to guarantee treatment in São Tomé and Príncipe under the required safety conditions and in which it is possible to do so abroad, will the National Health Service bear the respective expenses, through the Medical Board of Health.

3. Specific diplomas establish the beneficiaries and the circumstances in which they are totally or partially exempt or obliged to pay and assume healthcare costs.

Article 42
Management of hospitals and regional areas

1. The management of health units installed in different Health Areas must comply, whenever possible, with the rules of business management, and the law may allow the carrying out of innovative management experiments, subject to the rules established by it.

2. Under terms to be established by law, the handover, through management contracts, of hospitals or health areas of the National Health Service to other entities or under an agreement regime, to groups of doctors may be authorized.

3. The Law may provide for the creation of health units with the nature of public limited companies.

4. To meet the necessary speed and viability of the operation of the Public Hospitals of São Tomé and Príncipe, they are given effective administrative, financial and patrimonial autonomy.
and.

CHAPTER VI
From the Public Health Sector

SECTION I
Organization, Composition and Regime of Service

Article 43
Organization

1. The Public Health Sector (SPS), integrated by the articulated and deconcentrated set of central, regional and local health bodies, services and establishments, has a central administration and a deconcentrated structure.

2. The deconcentration of the Public Health Sector This is essentially done through the Health Areas.

3. The law regulates the structuring and management of organizations and services that make up the Public Health Sector.

Article 44
Composition

1. The Public Health System (SPS) comprises all public establishments dependent on the government department.

This is the responsibility of the health sector, which is responsible for ensuring health promotion, prevention, treatment and rehabilitation care, namely:

a) Central hospitals;

b) Regional hospitals.

2. In addition to the hospitals referred to in the previous number, it comprises the Regional Health Areas and the establishments dependent on them, namely Health Centers and Health Posts.

3. Other public structures that intervene in the health domain at national and regional level.

4. The Law defines the nature, organization and regime of all units that make up the Public Health System.

Article 45
Service regime

1. The Public Health Sector personnel regime follows the following modalities:

a) Exclusive dedication;

b) Full Time;

c) Partial time.

2. The law establishes staff service regimes in accordance with the operating requirements of the services and the needs of the user.

3. The law establishes the regime governing incompatibilities of health professionals.

CHAPTER VII
Private Health Initiatives

Article 46
Private social solidarity institutions with health objectives

1. Private social solidarity institutions with specific health objectives intervene in common action in favor of collective and individual health, in accordance with their own legislation and this Law.

2. Private social solidarity institutions are subject, with regard to their health activities, to the guiding and inspection power of the competent services of the Ministry responsible for the Health sector, without prejudice to the independence of management established in the Constitution and in its own legislation.

Article 47
Private health units

1. Private health units with the objectives of providing health care and profit-making purposes are subject to licensing, regulation and quality surveillance by the State.

2. Private health units are not part of the National Health Service, however, they must, in particular, collaborate and act in conjunction with the programs of the National Health Service under the terms that may be defined by order of the Ministry of Health. river in charge of the Health sector.

3. Private health units include clinics, health posts, pharmacies, private organizations, health homes, whether general or specialized, as well as other private health facilities, authorized by the State.

Article 48
Health professionals under a liberal regime

1. Health professionals who provide care under a liberal profession perform a function of recognized social importance, protected by law.

2. The exercise of any profession that involves the provision of health care under a liberal regime is regulated and supervised by the Ministry in charge of the Health sector, without prejudice to the functions assigned to Professional Orders and other professional groups, when they exist.

3. In the National Health Service, doctors, pharmacists and other health professionals working independently must provide mutual support.

Article 49
Conventions

1. Within the scope of institutional relationships, the State may enter into agreements with doctors and other health professionals or health homes,

private clinics or hospitals, whether at the level of primary health care or at the level of differentiated care (primary and secondary).

2. The law establishes the conditions for concluding conventions and, in particular, the guarantees of the agreed entities.

CHAPTER VIII
Final and Transitional Provisions

Article 50
Regulation

The Government must develop, in specific normative diplomas, the bases of this Law that are not immediately applicable, for its effective and complete compliance.

Article 51
Questions and omissions

Doubts and omissions resulting from the application of this Law are resolved by order of the Minister in charge of the Health sector.

Article 52
Revocation

Decree-Law no. 59/80, published in the Official Gazette no. 56, of December 18, and other legislation that contradict this Law are revoked.

Article 53
Entry into force

This Law comes into force 30 days after its publication.

National Assembly, in São Tomé, on March 9, 2018.

The President of the National Assembly, *José da Graça Diogo.*

Enacted on April 11, 2018.

Public-self.-

The President of the Republic, *Evaristo do Espírito Santo Carvalho.*

DIARY OF THE REPUBLIC

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