

# **DEMOCRATIC REPUBLIC OF EAST TIMOR**

## **GOVERNMENT**

### **DECREE-LAW 14/2005**

#### **AUTHORITIES FOR HEALTH SURVEILLANCE**

Health surveillance, defined by the Law of Health System as a set of actions capable of eliminating, diminishing and preventing the risks of health and of intervening in the sanitary problems arising from the environment, production and circulation of property and rendering of services of interest for health, is a fundamental element for the health system, lacking, in order to be efficient, the creation of an organized and ranked body of authorities for health surveillance vested with powers to intervene whenever public health is in question.

Therefore, the government decrees under nr. 3 of the Article 115 of the Constitution of the Republic and under nr. 5 of Article 11 and of Law nr. 10 of November 24th, 2004 to be enacted as follows:

#### **Article 1 Object**

The present law sets forth the rules for the appointment, competence and operation of entities performing the power of authority of health surveillance. This is defined as the power of intervention of the State in defense of the public health by means of the management and elimination of risk factors and by the restrictive and corrective measure-taking about the situation capable of causing serious damage to the health of individuals or population clusters.

#### **Article 2 Authorities for Health Surveillance**

1. The Authorities of health surveillance are subject to the Minister of Health and perform its duties at the federal and district level.
2. The Authority of Health Surveillance nationwide is the Permanent Secretary of the Ministry of Health.

3. The Authorities of Surveillance districtwide are appointed by the Minister of Health through petition by the Permanent Secretary, for a three-year period, renewable, selecting among health professionals, being doctors as a preference with background in the area of public health.
4. In more densely populated districts, more than one Authority of Health Surveillance may be appointed, and the order of appointment may determine the respective geographic areas for intervention.
5. The Authorities of Health Surveillance districtwide are supported in the performance of its duties by health professionals with specific background in the area of public health and environment, at least one for each Authority of Health Surveillance, in which the District Authorities of Health Surveillance may grant some of its competences.

### **Article 3 General Competence**

1. It falls to the Authorities of Health Surveillance, in general, to enforce all the rules which has as object the defense of the public health, impose levies in connection with the violation of these rules and send them to the competent entities for instruction of the respective processes of countermand, or, if it is the case, for the proper criminal action.
2. The Authorities of Health Surveillance may order temporarily the suspension of activities or closing down of establishments or areas of public use, or arrest of property, whenever these activities, establishments, areas or property do not meet the requirements provided in the legal or regulatory rules applicable for the defense of public health, or independently of these rules, whenever the Authorities of Health Surveillance pinpoint a serious risk capable of involving an evident risk for the public health.
3. For the performance of its powers of authority, the Authorities of Health Surveillance may request the support of administrative and police authorities.

### **Article 4 Competence of the District Authorities of Health Surveillance**

1. It falls to especially the Authorities of District Health Surveillance in the respective geographic area of intervention:

- a). To issue an opinion as regards all the processes of licensing of activities or establishments or construction sites, which under the respective legal or regulatory rules in force, lack the opinion of the Ministry of Health, and participate in the respective inspections;
- b). To exercise the health surveillance on the establishments which may be insalubrious, disturbing or hazardous, as well as on its conditions of operation and determining the measures deemed necessary for the minimization or elimination of the risk factors pinpointed, and it may temporarily arrest the property or determine the suspension of the activity;
- c). To exercise the health surveillance on sites for storage, making and supply of meals and on the places for sale of food products, so as to check the hygiene/salubrity conditions, and determine the necessary measures for the minimization or elimination of the risk factors pinpointed, and it may temporarily arrest the property or determine the suspension of the activity;
- d). To give notice to the licensing competent entities of the establishments and places to which items b) and c) are referred to in the present Article, as regards the undesirable conditions for operation detected and send them the respective levies, for all intents and purposes of the application of remedies provided by the law, specifically, the application of penalties, the suspension or revocation of licenses, or for the purposes of its non-revocation.
- e). To exercise the health surveillance of the water quality for the public consumption, being bottled water, from the water system and from reservoirs and springs used by the populations, giving notice to the competent entities, whenever it is deemed necessary, of the measures to be taken to minimize or eliminate the risks for the public health, and it may also determine the temporary suspension of its distribution whenever risk factors persist;
- f). To exercise the powers related to the international sanitariness;
- g). To enforce the rules about the transmissible diseases in workplaces and educational institutions, specifically, in case of outbreaks;

- h). To arrange hospital admission or provide health care assistance for individuals in a situation of causing harm to the public health as provided in special law to be determined.
2. In the performance of its activities of health surveillance, the Authorities of Health Surveillance shall be identified for this purpose by showing the respective identification and free access card assigned by the Permanent Secretary.

### **Article 5 Competence of the Permanent Secretary**

It falls to the Permanent Secretary:

- a). To guide and coordinate the activities of the Authorities of Health Surveillance;
- b). To prepare a yearly plan of health surveillance;
- c). To prepare a yearly report of health surveillance;
- d). To decide on the hierarchy of funds to support the acts of the Authorities of the Health Surveillance and submit them to the Minister of Health.

### **Article 6 Competence of the Minister of Health**

It falls to the Minister of Health, where there are catastrophic situations or serious health emergency, to take the required emergency measures, specifically request the services, establishments or professionals by the time absolutely indispensable and take over the coordination for the action of authorities and health surveillance and the remaining health services.

### **Article 7 Rules for Operation**

The Authorities of Health Surveillance shall operate in a pedagogical fashion, taking on the role of education agents for health, namely, in the situations in which the activities or establishments to be watched are not yet governed, drawing the attention of the private entities aimed and the competent public entities about the risks of public health in question and about appropriate forms of procedure, and it must only precede the application of restrictive and coercive when the risk factors persist or the guidelines are not obeyed.

**Article 8**  
**Appeals**

1. The decisions of the authorities of the Health Surveillance can be always appealed to the Minister of Health within 10 days, and he must decide it within 20 days.
2. It is always possible to bring a litigious appeal for the decisions of the Minister of Health as provided by law.

**Article 9**  
**Entry into Force**

The present law becomes effective within one month as of its publication.

Passed in the Council of Ministers on October 5th, 2005.

The Prime Minister

Signed: (Mari Bim Amude Alkatiri)

The Minister of Health

Signed: (Rui Maria de Araújo)

Enacted on November 22th, 2005.

Let it be published.

The President of the Republic

Signed: (Kay Rala Xanana Gusmão)