

Addis Ababa City Government Health Bureau

**Private Wing Health Service Implementation
Directive Number 134/2022**

December, 2022

Addis Ababa

WHEREAS, it has been found necessary to revise the payments of the private wing health services by considering the financial capacity of the community and the request of institutions and professionals as the Addis Ababa city government has revised the service charges for public services;

WHEREAS, it has been noted and considered to improve that the payment for the private wing health service employs fixed and percentile payment methods for some administrative staff and health professionals and it lacks uniformity and fairness; the distribution system does not take the efforts and contributions of professionals for the work into consideration as well as it has been hindering the motivation of employees rather than strengthening teamwork;

WHEREAS, it has been found necessary to improve the mismatch of the working hours for the provision of the private wing health service with that of the regular service hours that were established by various hospital internal procedures as the former should not affect the service delivery of the regular service in principle, as the public health centers and hospitals are the ones that provide the private wing health service;

WHEREAS, it has been found necessary to prepare a procedure and set direction that ensures the participation of those professionals that should be included in the intended service to ensure the quality of the private wing health service and its consistency with that of the regular service and to make sure that the institutions meet the required standards in line with the regular service provision;

NOW, THEREFORE, in accordance with letter (E) of Sub-Article (2) of Article 15 of the Addis Ababa City Government Executive Organs Establishment and to specify the power and duties of the thereof Proclamation No. 74/2021, the Addis Ababa city government health bureau has issued this directive.

Part One
General Provisions

1. Short Title

This directive may be cited as: **“Health Centers or Hospitals’ Private Wing Health Service Implementation Directive Number 134/2022.”**

2. Definition

In this Regulation, unless the context requires otherwise:

1. **“Private Wing Health Service”** means a service that is established to provide services for outpatients and inpatients by professionals outside of regular working hours and on holidays through reasonable payment in line with regular medical service; except emergency medical services;
2. **“Regular Health Service Ward”** means a ward where the hospital provides the necessary health care for regular medical services during regular working hours;
3. **“Management”** means the management of the hospital;
4. **“Private Wing Health Service Establishment Ad-hoc Committee”** means a team of experts that were selected and formed from the various wards of the hospital to undertake a feasibility study for the establishment of the private wing health service and present a decision proposal;
5. **“Emergency Health Service”** means a medical service that is provided for unexpected and severe health problems that necessitate immediate assistance due to man-made and natural causes, including maternity service;
6. **“Quality Service”** means the process of achieving the health service demands of society and fully implementing the determined standards to attain the expected results;
7. **“Hospital”** means a hospital that is accountable to the Addis Ababa city government health bureau;
8. **“Health Center”** means health that is accountable to the health offices of a sub-city in the Addis Ababa city government;
9. In this directive, any expression in the masculine gender shall include the feminine.

3. Scope of Application

This directive shall be applicable to those public hospitals and health centers that are accountable to the Addis Ababa city government health bureau.

4. Objectives of the Directive

This directive aims to attain the following objectives:

1. To increase the motivation of health professionals by letting them get additional income for the services they provide and reduce the attrition rate of thereof;
2. To ensure that those customers who have the financial capacity to afford health services get access to health professionals and the type of service based on their interest at the health center or hospital of their choice on any day of their convenience and the working hours of the private wing from Monday to Friday night, starting from 5:30 PM to 6:30 AM in the morning and so that customers can be satisfied with the services they get;
3. Improve the quality of the regular services by using the additional income obtained from the private wing health service.

Part Two

Principles of the Private Wing Health Services

5. Principles of the Private Wing Health Services

1. The private wing health service should be provided in a way that does not interfere with the regular service and strengthen the thereof;
2. There should not be any disparity of service quality between the regular and the private wing health services except services to obtain food, inpatient admission for bed, and the time it takes to get the services;
3. The establishment of the private wing medical service should not affect the efforts to shorten the appointment time that is given by the regular health service wards;
4. Medical services that are not started or provided by the regular medical service should not be started or provided by the private wing;

5. It is prohibited to influence a patient who has come to get regular medical services or who is taking medical services to use the private wing medical services in any way;
6. If it is needed to transfer a patient who is receiving a medical service at the private wing to the regular medical service due to ample reasons like financial capacity, health status, medical complexity, and others, it may be done by the consultation of the head of the private wing medical service and the medical director of the health center or the hospital; and it shall follow the health insurance directive if he is the beneficiary of the health insurance scheme;
7. A professional who is engaged in the private medical service is obliged to work without any payment in the emergency medical service when required;
8. The private wing medical services should be carried out in a way that adheres to the spirit of medical teamwork;
9. It is prohibited to provide emergency medical services in the private wing ward;
10. Others can not engage in the private wing medical service except those professionals that are working in regular working hours;
11. Those who are in education that is resident doctors that are upgrading their medical education, doctors who are in training, or professionals in an internship and have got educational opportunities cannot engage in the private wing medical services. However, if the institution faces a lack of professionals, it could use resident doctors upon the decision of the management.

Part Three
Establishment, Organization, and Management of the Private
Wing Medical Service

6. Establishment of the Private Wing

1. About the decision of the establishment of the private wing medical service

A private wing medical service can be established after the submittal of an establishment proposal based on the points included in this directive and a study carried out by the private wing medical service establishment ad-hoc committee that was assigned by the management

of the health center or hospital and by reviewing and approving the decision proposal that was submitted by the manager of the health center or hospital by the management of the thereof.

2. About the private wing medical service establishment ad-hoc committee

It is a committee that undertakes a detailed feasibility study for the establishment of a private medical service in a health center or hospital and makes recommendations; the committee shall be assigned by the management of the hospital; the private wing medical service establishment ad-hoc committee shall have the following duties and responsibilities:

- A. Evaluate the existing status of the hospital and conduct a feasibility study on the private wing medical service;
- B. Identify the health services to be offered by the private wing;
- C. Conduct studies on human resources, procedures, and financial conditions and identify the already identified existing threats and opportunities in detail;
- D. Prepare the list of services that are expected to be delivered in the private wing;
- E. The working period of the private wing medical service establishment ad-hoc committee shall end when the private wing commences its service.

7. Initial Source of Resource

The establishment capital of the private wing may be set up with the capital obtained from one or more than that of the sources listed below based on the approval of the management of the health center or hospital:-

- 1. Revenue collected by the institution from the private wing medical service;
- 2. An interest-free loan obtained from the regular internal revenue of the health center or hospital;
- 3. Budget subsidy obtained from the government; and
- 4. Income obtained from other sources, as may be necessary

5. If the establishment of private wing medical services is obtained from a loan from the internal revenue of the health center or hospital or a budget subsidy from the government, the repayment period of the loan shall be determined by the management of the health center or hospital.

8. About Fixed Assets

It is possible to use the fixed assets of the institution for the private wing medical service without any payment. However, such is practical when it is only that such will not disrupt the regular service.

9. About Utility Assets

1. When it is decided to start the private wing medical service, it will have its own utility assets;
2. If the private wing fails to prepare its own utility assets; such shall be provided by the institution;
3. A procedure that ensures the purchase of utility goods to be included in the procurement plan and making a deposit for the institution regarding the amount of finance which is allocated for the equipment should be established; and its implementation should be verified by the internal audit and the management.

10. Service Coordination and Composition

1. The private wing can use the facilities and medical equipment that are authorized to be used by the health center or the hospital without any cost;
2. The different departments of the regular medical service that have working relations with the private wing should work in an integrated manner with the thereof.

11. Organization of the Private Wing

1. The private wing of health institutions can be organized as an outpatient or/and inpatient medical service.
2. The private wing inpatient medical service can use up to 20% of the total beds of the regular inpatient medical service; but for emergency service, it shall be used for regular medical services without any pre-conditions.

3. Notwithstanding the above-stated provision, the total number of beds assigned to private wing medical service shall be divided as per the workload of the ward in the regular medical service.
4. A head and a full-time secretary or receptionist for the private wing medical service shall be assigned by the health center or hospital; the salary of the employees shall be as per the civil servants' law of the government and an incentive shall be paid in a percentile according to the service given; the head of the private wing shall, being the member of the management committee, be accountable to the medical director of the health center or hospital and will not directly involve in the medical treatment of patients.

12. Management of the Private Wing Medical Service

1. The assignment of staff for the private wing medical service shall be carried out by the management of the health center or hospital.
2. Employees with demonstrated knowledge, competence, and motivation, that are professionally ethical in their regular working hours shall be deployed in the private wing on a rotation basis as per their willingness based on the program to be set up in the private wing medical service.
3. The ratio of the service being provided by a professional in the private wing medical service is calculated with that of the service provided in the regular service, the activities carried out by the professional in the private wing should not exceed sixty percent (60%) of the regular service when such is compared in every month; a log book shall be prepared for every professional by the health center or hospital for the implementation of the thereof.
4. The amount of personnel assigned for the regular inpatient medical service should be assigned for the private wing inpatient medical service in terms of ratio.
5. Any employee or professional of the health center or hospital who wants to participate in private wing medical service must enter into a contractual agreement with the thereof.
6. A professional who is scheduled in the same regular working hours or who is on duty should not be assigned to the private wing medical service.
7. The head of the private wing shall be assigned based on competition.

8. When it has been found necessary to recruit professionals for the private wing medical services on a contract basis, the private wing of the health center or the hospital should establish clear criteria for the recruitment purpose.
9. The private wing medical service should use services like security, housekeeping, general services, human resource management, finance, procurement, transport deployment, and storing in a way that does not negatively affect the regular medical services of the health center or hospital.
10. When the assignment of supporting staff members in the private wing has been found necessary, such shall be carried out on a rotation basis according to the above-stated Sub-Article (2) of this Article.
11. Employees that are working in the regular medical service unit are obliged to cooperate with those activities that are undertaken by the private wing.

13. Working Hours of the Private Wing

Working hours for the medical services to be provided in the private wing:

1. The working hours for medical services for outpatients shall be provided outside the regular working hours, from 8:30 AM in the morning to 5:30 PM in the afternoon;
2. Medical services for inpatients:-
 - A. the 24-hour medical services for the private wing inpatients shall be provided by those professionals that are assigned to inpatients who were admitted during the regular service hours;
 - B. surgical services can be provided outside of the regular working hours, that is, from 5:30 PM at night to 8:30 AM in the morning;
3. If emergency surgical services are needed for those customers indicated under letter “A” of Sub-Article (2) of this Article, it shall be provided at any time.

Part Four

Rights and Obligations of Clients

14. Rights and Obligations of Clients

1. Rights of Clients

Notwithstanding the general rights of the clients of the health center or hospital, clients shall have the following rights:

- A. get short waiting times and convenient medical appointments;
- B. select doctors of their choice and receive medical treatments;
- C. the clients have the right to get the medical service for the same illness by the same professional for 15 (fifteen) consecutive days without additional card payment since they last received a service;
- D. the clients have the right to know the list of services provided by the private wing, prices, and the names of professionals, their status, and the designation of their profession;
- E. the clients have the right to get a medical certificate for the medical services obtained;
- F. get payment receipts and evidence for the services obtained;

2. Obligations of the Clients

- A. obey the rules and regulations of the regular and the private wing medical services of the health center or hospital;
- B. pay charges that are determined for the private wing medical service;
- C. pay the advance charges that are determined for the private wing medical service and settle the bills upon finalizing the service;

15.Obligations of the Institution

- 1. Notify that the services that are provided in the private wing are also provided in the regular medical service;
- 2. Provide services like food, bed, and other services;
- 3. Notify that the quality of service being provided in the regular medical service and the private wing is the same;
- 4. Post all the service fees in a visible place;
- 5. Clearly post the full names of doctors, their profession type, and the date they provide service;
- 6. Prevent the provision of a service in the private wing unless the service is provided in the regular medical service of the health center or hospital;
- 7. Take the relevant corrective measures on those employees of the health center or hospital that are assigned to the private wing when

- they disrupt the service due to various reasons by considering it as they have caused harm on the regular work;
8. Make sure that the service is only provided as per the time determined in this directive.

Part Five
About Price Tariff, Revenue Sharing, Financial Management,
and Auditing

16. Price Tariff for the Private Wing Medical Service

The fee that patients pay for the services provided by the private wing should not put a financial burden on patients and should generate a reasonable income for the professional, and it should not exceed the already determined service fees.

17. Revenue Sharing

1. The balance left after deducting the expenses utilized for the utility goods from the total revenue collected in the private wing medical service of the health center or hospital shall be regarded as the obtained profit; from the net revenue of the private wing, its 10% shall be distributed to the hospital, its 15% to the administrative staff, and the remaining 75% to the professionals. 1% from each shall be deducted and a total of 3% will be used to ensure the sustainability of the private wing;
2. The remaining 74% share of the professionals shall be used according to the revenue sharing scheme by considering the level of their education, their demand on the job, and the working hours they spent;
3. The remaining 14% share of the administrative staff shall be used according to the revenue sharing scheme by considering their demand on the job and the working hours they spent;
4. 3% of the deducted income for the private wing shall be utilized when the manager of the health center or hospital submits a proposal to use it for ensuring the sustainability of the private wing medical service and upon the approval of thereof by the management of the health center or hospital;
5. The 9% share of the health center or hospital obtained from the

private wing shall be utilized for activities that enhance the overall service quality of the health center or hospital upon the decision of the management of the thereof;

6. The profit obtained from the laboratory or diagnostics service as well as related examinations shall be distributed after deducting the share of the laboratory professionals and depositing the same to the pool, and any physician shall not get a direct income from the service payment for the laboratory or diagnostics examination he has prescribed;
7. Notwithstanding the provision stated under Article 16 of this directive, when the management of the health center or hospital approves the revenue sharing scheme, such shall be based on the revenue sharing scheme of the private wing medical service that is annexed to this directive;
8. Examinations that are sent from other institutions shall be taken care of by the respective departments that provided the service and its implementation shall follow the standard private wing medical service sharing procedure.

18. Financial Management

Revenue collection and payment execution shall be as follows:

1. Payments made, procurements, and property administration activities of the private wing medical services should adhere to the financial directives of the government;
2. The private wing should collect its revenue by using a receipt published in the name of the private wing medical service of the health center or hospital upon registration and approval of the finance Bureau ;
3. The collected revenue shall be deposited in a special bank account that is opened for the private wing;
4. The revenue shall be collected by daily cash collectors who are assigned for such purpose and should be kept in a safe box until it is deposited in a bank;

19. Activating the Bank Account

The bank account of the private wing shall only be activated by:-

1. by the joint signature of the financial department head of the health

- center or hospital and the manager of the thereof; or
2. in the absence of the manager of the health center or hospital, by the joint signature of the financial department head of the health center or hospital and the medical director of the health center, in the case of a health center, and the administration and business development deputy manager of the hospital, in the case a hospital.

20. Revenue Sources of the Private Wing

1. The sources of revenue for the private wing medical services are the following services that are provided by the health center or the hospital:
 - A. outpatient and inpatient medical services;
 - B. laboratory and diagnostics services;
 - C. food and bed services;
 - D. medical certificate services; and
 - E. other related medical services provide by the private wing.
2. The revenue of the private wing does not include that of the revenue obtained from the sale of drugs and utility medical equipment;
3. The revenue obtained from the services provided by the private wing of the health center or hospital shall be coded for each revenue source to facilitate payments and present a transparent financial report;
4. The private wing may provide credit services in accordance with an agreement concluded with a third party.

21. Handling of Books of Accounts

1. The private wing shall have its own separate financial records, bank account, revenue vouchers, and various forms with that of the regular account;
2. Any revenue or expense of the private wing should be recorded daily;
3. The kinds of financial documents used in the private wing should be similar to those used in the regular medical service;
4. The revenue and expenses of the private wing shall be recorded properly and kept safely;
5. The handling of the books of accounts of the private wing medical service shall be implemented in accordance with the proclamations, regulations, and directives of the nations regarding the thereof.

22. Auditing

1. The internal auditor of the health center or hospital shall supervise the services and handling of books of accounts of the private wing and consult the manager of the thereof; submit reports;
2. The accounts of the private wing shall be audited at least once quarterly by the internal auditor;
3. The accounts of the private wing shall be audited at least once annually by an external auditor;
4. The accounts of the private wing shall be audited in accordance with the financial proclamation, regulation, and directive of the federal government.

23. Financial Reporting

1. The financial reports of the private wing shall be prepared and submitted monthly, quarterly, and annually to the manager of the hospital and other concerned bodies;
2. The private wing shall use the different account reporting forms that are published by the finance bureau of the government and submit:
 - A. revenue reports;
 - B. expenditure reports;
 - C. receivable reports;
 - D. payable reports;
 - E. balance sheet;
 - F. cash balance reports;
 - G. bank reconciliation;
 - H. profit and loss statement reports and other reports
3. The general annual report of the private wing medical service should be presented to the management of the health center or hospital and it must be evaluated and approved by the thereof.

Part Six

Duties, Responsibilities, and Supervision and Evaluation

24. Duties and Responsibilities of the Bureau

1. Issue and amend procedural directives for the private wing medical service; follow up and monitor the implementation of the thereof;
2. Conduct studies concerning the procedures of the private wing medical service; carry out amendments on the thereof;

3. Organize best practices regarding the procedures of the private wing medical services; expand same;
4. Provide comprehensive support to strengthen the private wing medical service;
5. Develop criteria for the supervision and evaluation of the private wing medical service provision; establish a support-based supervision system that strengthens its procedures;
6. Evaluate performance reports that are submitted to it regarding the private wing medical service delivery; provide feedback; take the necessary corrective measures.

25. The Board of the Health Center or Management of the Hospital

1. Deliberate on the submitted document regarding the establishment of the private wing and decide on the establishment of the thereof;
2. Superiorly follow up and control the activities of the private wing;
3. Superiorly support the promotion activities regarding the private wing medical service;
4. The assignment of the head of the private wing shall be based on competition and it shall be decided by the management of the hospital;
5. Determine the initial amount and source of capital which is required for the establishment of the private wing;
6. Follow up that service charge payments for the private wing are concluded based on the payment rate framework that was issued by this directive;
7. Implement and monitor the revenue distribution scheme of the private wing;
8. Evaluate and monitor the contribution of the private wing medical service and the improvement of the service delivery of the thereof;
9. Evaluate the monthly, quarterly, half year and annual reports that are submitted regarding the private wing; provide feedback; take the necessary corrective measures;
10. Evaluate the annual plan and budget of the private wing and approve same;
11. Set leadership directions to audit the private wing medical service; evaluate reports of the thereof.

26. Manager of the Health Center of the Hospital

1. Select and assign, together with the management, an ad-hoc technical committee that causes the establishment of the private wing;
2. Evaluate the study that was carried out by the ad-hoc technical committee and present those issues that need to be decided to the management of the hospital and get it decided;
3. Select the head of the private wing based on the determined criteria by participating the management and present same to the management of the health center or hospital and cause the approval of the thereof;
4. Establish ad-hoc committees, if such is found necessary, that help to carry out the activities of the private wing;
5. Raise resources that are necessary to commence, strengthen, and expand the private wing medical service;
6. Prepare a checklist that enables to monitor the activities being carried out in the private wing; conduct the monitoring as per the thereof; take improvement and corrective measures;
7. Ensure the integration of the private wing medical service with that of the regular service;
8. Evaluate the periodic reports submitted to it regarding the performed activities of the private wing and submit the same to the management of the hospital;
9. Coordinate the promotion activities regarding the service delivery of the private wing;
10. Collect feedback from customers regarding the quality of services being provided by the private wing and the hospitality of the staff assigned in the thereof; evaluate same; take corrective measures;
11. Give leadership directions to audit the private wing medical service; evaluate reports of the thereof; submit same to the management of the hospital;
12. Carry out other activities given by the management of the hospital.

27. Head of the Private Wing

1. Monitor the financial activities that are carried out in the private wing; make sure that an appropriate recording of the books of accounts is implemented; evaluate the financial statement prepared by accountants and submit same to the manager of the health center or

hospital;

2. Collect feedback from customers regarding the quality of services and the hospitality of the staff assigned in the private wing; evaluate same; take corrective measures;
3. Monitor the proper implementation and notification of the determined or revised service charges that are intended to be used in the private wing;
4. Monitor activities that help to control corruption, wastage, and embezzlement by implementing procedures that ensure the establishment of transparency and accountability through carrying out periodic evaluations;
5. Prepare programs for the staff that are assigned in the private wing medical service; assign employees; post the list of assigned staff members in a clear place and let others know about it; follow up and control that the staff members are carrying out their duties as per their assigned post; notify the necessary information to the finance department at the end of the month;
6. Monitor whether the collected revenues from the services that are provided by the private wing and the payments made are carried out according to the determined regulations and directives and cause the submittal of same to the management committee and the management of the health center/hospital;
7. Carry out regular and random auditing by experts and evaluate whether the delivery of the private wing medical service has achieved the intended objective;
8. Make sure that those technical and support staff members that are working in the private wing have signed an employment contract and monitor the implantation of the thereof;
9. Design various methods and undertake promotional activities about the services that are provided in the private wing to the community;
10. Establish a procedure that ensures whether the medical service that is being delivered in the private wing is the same as that of the regular medical service; monitor the similarity of the thereof; take corrective measures when disparity occurs;
11. Identify inputs that are needed for the private wing and submit a request to the concerned department; follow up that the requested inputs are fulfilled;

12. Consult the concerned departments when a request is presented or if it is found necessary to begin new medical services in the private wing and submit a decision proposal to the manager for the commencement of the thereof;
13. Prepare monthly, quarterly and annual reports regarding the activities carried out in the private wing and submit it to the manager of the health center or hospital;
14. Carry out other activities given by the hospital.

28. Deputy Coordinator of the Private Wing

1. Coordinate activities by supporting the manager;
2. Represent the head in his absence and carry out activities;

29. Monitoring and Evaluation

1. Carry out strict monitoring and evaluation of the procedures and quality of the private wing medical services;
2. Carry out the monitoring and evaluation task together with the concerned organs;
3. The information sources for the monitoring and evaluation purposes shall be that information obtained from the health center or hospital and reports compiled in the HMIS;
4. The monthly, quarterly, half-year, and annual monitoring and evaluation reports shall be submitted to the concerned organs at every level based on the prepared checklist and selected indicators; evaluate the reports hierarchically and provide feedback; the support-based monitoring and evaluation shall be conducted periodically.

Part Seven

Miscellaneous Provisions

30. Accountability

Any individual that violates the provisions of this directive shall be held accountable according to the relevant laws.

31. Amendment of the Directive

The bureau may amend this directive when such has been found necessary.

32. Repealed and Inapplicable Laws

1. Health centers or hospitals' private wing medical service procedures and establishment directive number 02/2015 is repealed by this directive;
2. Any directive or customary practice, which is inconsistent with this directive, shall not be applicable to matters covered under this directive.

33. Effective Date

This directive shall be effective from the date of its publication on the authority's website after it has been registered with the Federal Ministry of Justice.

Yohannis Chala (Dr.)

**Head of the Addis Ababa City Government Health
Bureau**

