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Road Safety & Insurance Fund Service

**ROAD SAFETY AND INSURANCE FUND SERVICE  
DRAFT DIRECTIVE FOR IMPLEMENTATION OF  
EMERGENCY MEDICAL SERVICES FOR VICTIMS OF  
VEHICLE ACCIDENTS.**

**DIRECTIVE NO. .../2024**

**October 2024 G.C  
Addis Ababa, Ethiopia**



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## **INTRODUCTION**

The Ministry of Transport and Logistics, under the authority of Vehicle Accident Third-Party Insurance Proclamation No.799/2005 (specifically Article 22, Sub-Article 1, and Article 27, Sub-Article 3), plays a pivotal role in guaranteeing that individuals who sustain injuries in road traffic accidents promptly receive essential emergency medical services. Furthermore, medical institutions are entitled to receive the corresponding service fees promptly, as defined by the established regulatory framework. To ensure effective implementation of this provision, the Ministry issued the Emergency Medical Services Implementation Directives No. 1/2006, which lays down comprehensive procedures for delivering urgent care to accident victims.

At both the federal and regional levels, authorities are actively engaged in the diligent application of this Directive, aiming to provide a modern, efficient and accessible network of emergency medical services. These authorities are not merely complying with the regulations but are taking proactive steps to ensure that the medical care system for accident victims is robust and capable of responding to emergencies swiftly and effectively. Their efforts are multifaceted and include streamlining medical service coordination, strengthening surveillance systems, enhancing detention and support infrastructure, and fostering public participation in ensuring the accessibility and effectiveness of emergency services.

The overarching goal of these initiatives is to mitigate the economic and social burdens that arise from road traffic accidents. By improving the quality and efficiency of emergency medical service delivery, these efforts contribute significantly to reducing both the immediate and long-term impact of such accidents on individuals and society as a whole.

In line with Article 27, Sub-Article 1 of the Proclamation, anyone who suffers injuries because of a vehicle accident is unequivocally entitled to



emergency medical care. The costs associated with the services Emergency Medical Services Fee Regulation No. 554/2016 carefully regulates and establishes the costs for these services. Authorities have recently adjusted these regulations to refine their implementation, ensuring the seamless execution of both the proclamation and the fee structure. These adjustments actively guarantee efficient and equitable access to emergency medical care for all road traffic victims.

## Article 1: General

### 1. Short Title

This Directive officially serves as the “a directive for the implementation of emergency medical services for victims of vehicle accidents no. .../2024.” It provides a framework for delivering medical care to individuals injured in road traffic accidents, with a focus on services supported by insurance coverage.

### 2. Definitions

The following key terms are actively defined according to the federal government’s “Third-Party Insurance Proclamation No. 799/2005” for clarity and ease of use.

- 1) **“Office”** means the health office at the regional or municipal level. These offices manage healthcare services, including coordinating emergency medical responses funded or supported by third-party insurance.
- 2) **“Ministry”** means the Ministry of Health, which oversees and ensures the proper functioning of healthcare services nationwide. This includes regulating emergency medical care provided under insurance frameworks for road accident victims.
- 3) **“Service”** means road safety and insurance fund service.



- 4) **"Health Facility"** means any institution, whether public or private, that actively provides healthcare services. These facilities hold valid licenses from the Ministry of Health or regional health offices and fully comply with Ethiopian health standards.
- 5) **"Emergency medical treatment"** means a medical treatment service provided to any person who has sustained an injury because of a vehicle accident at the site of the accident, while on the route to a medical institution and in the emergency ward of the medical institution of the health facility, by Article 2, Sub-Article 16 of Proclamation No. 799/2005.
- 6) **"Vehicle"** means any wheeled motor vehicle, semi-trailer, or trailer for use on the road except for users of wheelchairs and bicycles.
- 7) **"Proclamation"** means vehicle insurance against third-party risks proclamation no.799/2013, which governs road traffic accident insurance.
- 8) **"Emergency Medical Services Fund" or "Emergency Medical Services Budget"** means a financial source established to operationalize emergency medical services nationwide.
- 9) **"Victim"** means any individual who suffers physical or psychological harm because of a traffic accident, impairing natural movement or emotional well-being in any part of their body.
- 10) **"Free Emergency Medical Service"** means emergency medical services provided at no cost to any individual injured in a road traffic accident. All gender-specific expressions include both masculine and feminine genders.
- 11) **"Emergency Ward (ED)"** means the designated area within a health facility where specialized medical professionals provide lifesaving care.



- 12) **“The Triage Area”** refers to the location within a health facility where healthcare professionals conduct initial medical assessments.
- 13) **“The Resuscitation Area”** means a designated area where medical professionals carry out various lifesaving procedures.
- 14) **“The Major or General Medical Area”** means the section of the emergency ward equipped with gurneys or trolleys for accident victims to receive care.
- 15) **“Board”** means the Road Safety and Insurance Fund Service Board.
- 16) **“Gender Equality”** means the full inclusion of women in services typically dominated by men.

### **3. Objectives of the Directive**

The objectives of this directive are:

- 1) To ensure that any individual injured because of a traffic accident receives free emergency medical services in health facilities.
- 2) To enable health facilities providing emergency medical services to receive appropriate payment for their services promptly.
- 3) To establish a transparent and unified operational framework at the national level by defining the roles and responsibilities of stakeholders.

### **4. Scope of the Directive's**

This directive applies to any individual injured in a traffic accident who receives emergency medical services from any health facility. It also covers the following entities:

- a) Police
- b) Traffic Police
- c) Emergency service providers
- d) Road safety and rescue service providers
- e) Ministry of Health



- f) Health bureaus
- g) Vehicle owners
- h) Accident victims

Any entity or individual with the right to request emergency medical services and payment for such services, as outlined in this directive, must comply with its implementation.

## **Article 2**

### **Implementation of the Emergency Medical Service Payment**

#### **5. Notification to Emergency Medical Service Provider about a Vehicle Accident**

- 1) Based on Article 17, Sub-Article 1 of the Proclamation, if an accident occurs due to a reason exceeding the capacity of the emergency service provider, the emergency service provider must notify the relevant entity about the vehicle accident immediately or within 10 days.
- 2) Based on Article 6, Sub-Article 1 of Proclamation No. 799/2005, even if the accident is not reported within the stipulated period, the victim will not lose their right to receive the emergency medical service payment.
- 3) The notification process for an accident must be conducted by each emergency service provider using an authorized method or by completing an accident notification form. The provider should submit





the form to the registered address of the emergency service provider for further action.

## **6. Notification of Emergency Medical Service Provider Regarding Unknown or Unidentified Vehicles Involved in an Accident**

- 1) If the accident involves an unknown or unidentified vehicle, the victim or their family, traffic police, or any other relevant government body, and any person present at the accident site, or the emergency medical service provider, must immediately notify the police about the accident.
- 2) The traffic police must record the accident in the prescribed registration system or by filling out the appropriate form to inform the service provider about the accident.
- 3) For accidents involving third-party vehicles, the emergency service provider, following the established procedures and regulations, must notify the main office or designated traffic service branch within the region. Notifications could have been made via telephone, fax, or digital systems to report the accident or request emergency medical service details.

## **7. Owner of a Vehicle with No Liabilities**

- 1) According to Article 3, Sub-Article 2, and based on the Third-Party Vehicle Accident Emergency Service Provider Agreement and Execution Directive s No. 656/2013, Article 36, the Ministry of Defense, when involved in national defense and security operations, must notify the relevant authorities if a vehicle causes an accident either off the main road or in an emergency. The vehicle owner, the

service provider, or the traffic police must immediately report the accident to the police or any relevant individual.

- 2) The service provider or the responsible body within the service provider’s system should carry out the notification of the accident through the established information transmission system.

**8. Accident Information Collection**

- 1) According to Article 11, the Ministry of Defense is required to provide information regarding the payment of compensation for damages when requested by the affected party or a legal representative. The vehicle owner must explain whether the vehicle has insurance or not, and the insurance certificate should detail the circumstances mentioned in Article 9, providing information on the obligation to share the data.
- 2) The service provider, in collaboration with the traffic police, must fill out an inquiry form or use a digital registration system to report urgent medical services. This form, once completed, will serve as both the accident notification and the source of accident data.
- 3) If the form for requesting urgent medical care is incomplete due to capacity issues and remains unfiled with the traffic police, the medical service provider or emergency care coordinator can complete the form. The completed form, including the medical certificate, will serve as the accident notification and a source of accident information.
- 4) The form filled out under Sub-Article 3 of this section must include the signature of the medical professional and the responsible staff member from the medical institution. Additionally, it should contain a written report from the nearest police station regarding the notification of the accident.

5) The traffic police must ensure that a completed medical service request form or a digital version of it is available for accidents involving vehicles that are exempt from registration under the law. The police should provide this form, including the necessary information for accident reporting and payment requests.

## **9. Emergency Medical Services**

- 1) According to Article 27, Sub-Article 1, and based on the law for the third party, any person who suffers damage as a result of a vehicle accident is entitled to emergency medical services, with the right to claim compensation for medical costs up to 15,000 Birr.
- 2) Under Article 27, Sub-Article 2, any medical institution providing services to a person who has been involved in a vehicle accident is obligated to offer emergency medical services.
- 3) Under Article 27, Sub-Articles 3 and 4, the medical institution that provides emergency medical services is entitled to request payment for the costs incurred based on the Directive s outlined in this regulation.

## **10. Types of Emergency Medical Services**

1. According to Article 2, Sub-Article 16, the types of emergency medical services are as follows:
  - a. First-level medical care provided at the scene of the accident.
  - b. Ambulance services were provided during the transfer from the accident site to medical institutions and medical services were offered during the journey.
  - c. Life-saving medical care provided by professionals in the emergency department of a medical institution.



2. In the emergency department (ED) of a medical facility, medical professionals can provide life-saving medical services in the following three areas:
  - a) "The triage area" refers to the location where medical professionals conduct initial assessments of patients.
  - b) "The resuscitation area" refers to the place where various life-saving procedures were performed.
  - c) "The major or general medical area" refers to the location in the emergency department where patients were placed on a gurney or trolley for treatment.
3. The medical facility can provide emergency medical services to the patient at any facility they are transferred. Therefore, the patient can request payment for the initial emergency services provided at the first medical facility.
4. If a medical facility provides emergency medical services, the patient can request the expenses of the emergency services, including a detailed breakdown of the costs, when transferred to another medical facility. The new facility should send the service details and the related costs to the patient immediately.
5. If a medical professional offers further emergency care or a decision is made for the patient to continue treatment at the medical facility, the emergency medical services will terminate.
6. Emergency medical service expenses are not reduced by bodily injury or fatal injury compensation; the cost does not include damage compensation claims.
7. In the case of an individual injured in a car accident, the health minister will carry out the ambulance services based on the research



they conduct and the regulatory framework they issue, ensuring the execution of the system.

**11. Issues not covered in emergency medical services**

- 1) If the patient requires a higher level of specialized treatment or to another medical facility for further care, and the medical expenses arising from the treatment, the patient will not be required to pay for emergency services if the injury or death resulted from an accident.
- 2) According to Article 27, Section 4, and Article 24 of the law, if an unregistered or unidentified vehicle causes an accident resulting in injury, the medical facility can directly request payment for the medical expenses incurred during the treatment of the patient.
- 3) In this section, if a registered vehicle involved in the accident is unable to pay the medical expenses, the vehicle owner, driver, the patient’s family, or any other person can make payment. If the patient or their representative is unable to pay, the medical facility may request written authorization from the patient’s representative to settle the payment. In such cases, the medical facility can request payment for the medical services directly from the responsible party.
- 4) The following parties will bear the medical expenses for the injuries caused by a vehicle accident:
  - a) If the injury resulted from an accident involving a vehicle with insurance, the insurance company that provided the coverage will pay the medical expenses.
  - b) If the injury resulted from an accident involving an uninsured or unidentified vehicle, the medical facility providing the service will cover the medical expenses.



- c) According to the law, if the injury resulted from an accident caused by an uninsured vehicle, the vehicle owner or their representative will bear the medical expenses.
- 5) If there is no separate agreement, the party responsible for covering the costs outlined in Article 16, Section 1(a) and (b) of the law will be liable for any damage or injury caused by a vehicle accident. According to Ethiopian law, the liable party will be responsible for paying the expenses.

### **Article 3**

## **Implementation of Service Fees and Required Information**

### **12. Requesting Service Fees**

- 1) Based on this regulation, any healthcare facility can charge an emergency medical service fee for services provided to anyone who has sustained an injury due to a vehicle accident.
- 2) The injured person must receive emergency medical services from the designated healthcare facility without any prior condition.
- 3) The following parties can request emergency medical service fees from the healthcare facility that provided the service:
  - a. Healthcare facilities located in all regions can request payment based on the regional health office’s emergency regulations or actions. Health centers in towns and districts or urban health offices can also request fees for services provided.
  - b. Hospitals under the Federal Government and university hospitals can request emergency service fees from the Ministry of Health or the regional health offices in each university's respective region.



## **13. Conditions for Requesting Payment for Emergency**

### **Medical Services**

- 1) Any institution that provides emergency medical services may request payment for the services rendered if the injury was caused by a vehicle accident.
- 2) The requesting institution must follow the regulations outlined in this directive.
- 3) The emergency medical payment request form and other related documents must be submitted without missing any relevant information.
- 4) The patient's file must contain the following information, which should be properly organized and included:
  - a) The patient's name and full address.
  - b) Information confirming that the patient was injured in a vehicle accident, including the date, vehicle license plate number, location, and time of the accident.
  - c) If the traffic police referred the patient for emergency medical treatment, the form must include the name and full address of the police officer, as well as the traffic police's emergency medical service request form.
  - d) If the accident involved a vehicle and the driver provided medical aid, include the name of the company that provided the medical service, as well as the number of the medical certificate.
  - e) If the accident involved an unregistered vehicle, include the vehicle owner's name and address, as well as the vehicle license plate number.
  - f) If the accident involved an unknown vehicle, include the name and address of the person who brought the patient to the medical facility.



g) If the required details, as outlined in points 4 (a) to 4 (f), are available but cannot be submitted due to an exceptional reason, the hospital or healthcare provider that delivered the emergency medical service must fill out the required form based on the information gathered about the traffic accident.

5) Emergency Medical Service Payment Inquiry: The emergency medical payment responsible person at the healthcare facility must complete and submit the emergency medical payment inquiry form, along with the provided service details and cost breakdown. They should also include the necessary documents or evidence. The following documents must accompany the form:

- a. The doctor’s order, essential medical information, prescription for medication or laboratory test fees, and any other relevant documents.
- b. The traffic police report, the emergency medical service inquiry form, the emergency payment inquiry form, and the traffic police either accident report or the emergency service report if the traffic police report is unavailable. If the traffic police report is missing, the healthcare facility must provide the appropriate information.

**14. Emergency Service Payment Inquiry and Processing**

**Procedure**

- 1) Any healthcare facility must submit the payment inquiry within 10 days from the date the service was provided. The healthcare facility should submit the necessary documents to the regional health leadership, district, or city health department, depending on the applicable jurisdiction.
- 2) The healthcare facility must submit the payment inquiry and related documents using the prescribed emergency medical payment inquiry





## ADA AGRITECH TRADING TRANSLATION WORKS



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form. The healthcare facility's responsible person should complete the form with all required information and sign it.

- 3) If the healthcare facility misses the 10-day deadline, it can submit the payment inquiries and supporting documents in the following month. However, the healthcare facility must process any outstanding payments for the previous year within three months.
- 4) Each regional health authority or the responsible local health bureau should review and approve the submitted documents for emergency service payment inquiries within 10 working days after receiving the completed documents from the healthcare facility.
- 5) Based on their appropriateness, regional health bureaus organize and evaluate the following activities for each zonal health administration, woreda, or sub-city health office:
  - a) Verify the accuracy of the service fee requests and the supporting documents related to them.
  - b) Ensure the fee request presentation aligns with the Directives outlined in this directive.
  - c) Confirm that the emergency medical services provided by healthcare institutions for each patient are not charged above the fee cap.
- 6) Regional health bureaus, through their organizational structures, ensure that zonal health administrations, woreda, or sub-city health offices return incomplete or erroneous emergency medical service fee requests, along with detailed explanations, to the concerned healthcare institution immediately via an official letter.
- 7) Healthcare institutions under the supervision of the regional health bureau must process valid service fee requests and related documents within ten working days. They must:



- a) Confirm that the issues under review fulfill the requirements stated in Article 14/5 of this directive.
- b) Return incomplete or unclear fee requests to the concerned healthcare institution within the same timeframe, ensuring corrections and resubmission through an official letter.

## **15. Responsibilities of Regional or City Administration**

### **Health Bureaus**

- 1) According to the organizational structure and arrangement of each region, all regional and city administration health bureaus must review the consolidated service fee requests submitted by zones, woredas, or sub-city health offices and process the payment within 10 working days.
- 2) If the health bureau is directly responsible, it must review the service fee requests and supporting documents submitted by healthcare institutions and execute the appropriate payment within 10 working days.
- 3) Based on Sub-Articles 1 and 2 of this directive, the health bureau must prepare a detailed report for each processed service fee, including a breakdown of payments made within 10 working days. The bureau must then forward the report to the Ministry of Health immediately via an official letter.

## **16. Responsibilities of the Ministry of Health**

The Ministry of Health must ensure that healthcare institutions under its administration organize supporting documents for the healthcare services they have provided. Based on the consolidated service fee request report submitted by the institutions, the Ministry must process and complete the payments to the healthcare institutions within 10 working days.



## **17. Report Submission**

- 1) Zonal health offices, Woreda health offices, or sub-city health bureaus must prepare and finalize service and financial reports within 10 working days after the end of each month, based on the organizational structure and framework of their respective regions. These reports must be sent to the regional health bureau.
- 2) All regional and city administration health bureaus must compile the service payment reports submitted by zonal health offices, Woreda health offices, or sub-city health bureaus. They must send a consolidated monthly report on service payments to the Ministry of Health within 10 working days, following their respective organizational structure and framework.
- 3) The Ministry of Health must review and verify the service payment reports submitted by the regional or city administration health bureaus. Within 10 working days after the end of the reporting month, the Ministry must prepare and submit a detailed and categorized service payment report to the service entity.
- 4) The service entity consolidates the service payment report received from the Ministry of Health. It then presents the finalized report to stakeholders during the quarterly joint review meeting.

## **Article 4**

### **Establishing and Managing the Emergency Medical Service Fund**

#### **18. Establishment**

The Emergency Medical Service Fund is hereby established as a financial resource designated for emergency medical services, as defined in this directive.

#### **19. Purpose of the Emergency Medical Service Fund**

The purpose of the Emergency Medical Service Fund is to operationalize emergency medical responses under Article 27 of Proclamation No. 799/2005 on Third-Party Insurance for Vehicle Accidents.

#### **20. Source of the Emergency Medical Service Fund**

The Emergency Medical Service Fund derives its resources from contributions made by third-party insurance providers and donations collected through the provision of emergency medical services.

#### **21. Determination and Allocation of the Emergency Medical Service Fund**

- 1) Determination of the Fund Amount:- The amount of the Emergency Medical Service Fund is determined based on the premium and policy fees of third-party vehicle accident insurance, as outlined in Council of Ministers Regulation No. 554/2016.
- 2) Determination of Contributions by Insurance Providers and Users :- The contributions to the Emergency Medical Service Fund from each insurance provider and service user are also determined based on the



premium and policy fees for third-party vehicle accident insurance, under Council of Ministers Regulation No. 554/2016. The allocation considers the premium tariffs collected from third-party insurance and the applicable fund tariffs.

- 3) Contribution Percentage:- Insurance providers are required to contribute 3% of the collected third-party vehicle accident insurance premium and policy fees to the Emergency Medical Service Fund. Similarly, service users must contribute 3% of the collected fund tariff to the same fund.

**22. Notification of Contribution Amount and Allocation**

Based on the study conducted by the service, the notification of the contribution amount and allocation will be made to the relevant entities within three working days. This notification will be issued in writing or through any appropriate means of communication, as outlined in Council of Ministers Regulation No. 554/2016, which governs the premium and policy fees for third-party vehicle accident insurance.

**23. Collection of Contribution Amount and Allocation for Emergency Medical Services**

- 1) Contribution Collection:- The income generated from the contributions of emergency medical services will be deposited into the bank account opened under the service's name. The Ministry of Health will manage these funds, and the income will be credited to the bank account designated for this purpose.
- 2) Contribution Amount and Allocation Rate:- According to the policy of the third-party vehicle accident insurance, the contribution amounts and allocation rates will follow the Directive set by Council of Ministers Regulation No. 554/2016. The income for each service provider must



be deposited into the designated bank account. The service providers must complete the income transaction for each month by the last day of the following month. If the last day of the month is a Sunday or holiday, the deadline will be the next working day. However, if the service is based on a digitalized method for collection, a different procedural system will apply, depending on the specific rules governing digital transactions.

- 3) Late Payments:- For any emergency medical service provider that fails to pay the contribution share within the set deadline, the provider will be required to pay the overdue amount with any penalties, as outlined by Ethiopian law. The service must deposit the payment into the designated bank account. If the service uses a digital collection method, the payment system will follow a different administrative procedure.

## **24. Distribution and Utilization of Emergency Medical**

### **Services Fund**

- 1) Fund Allocation by Health Bureaus:- Each regional and city administration health bureau will allocate 75% of the emergency medical services fees to the relevant fund. They will submit the necessary information to the Ministry of Health to establish the fund for that period.
- 2) Fund Allocation to Health Bureaus:- The emergency medical services fund share, designated for each region and city health bureau, will be deposited into the bank account opened by the respective health bureau.



- 3) Fee Implementation by Health Facilities:- In each zone, district, or urban area, health facilities will implement the emergency medical services fee collection. The corresponding health bureau for the region or city will transfer the collected funds to the designated bank account.
- 4) Reporting and Payment of Excess Funds:- If the collected fund share exceeds the designated amount for any regional or city health bureau, the health bureau will inform both the regional health bureau and the Ministry of Health in writing about the payment issue.

**25. Audit of Emergency Medical Services Fund**

- 1) The accounting period for the Emergency Medical Services Fund will begin on July 1 each year and end on June 30.
- 2) The accounting registration system must align with the government’s financial system.
- 3) The Ministry of Health will conduct an internal and external audit within two months after the close of the fiscal year. This audit will cover the proper use of emergency medical services fees by regional and city health bureaus and health facilities under their management.
- 4) The audit report will be shared with the concerned stakeholders, including the Board of Road Safety and Medical Fund Services, under the provided Directive. The relevant stakeholders will engage in a joint discussion based on the findings of the report.
- 5) The audit report will help assess the performance and foundational operations of the Emergency Medical Services Fund for the upcoming period.



## **Article 5**

### **Responsibilities and Duties of Stakeholders**

#### **26. Road Safety and Emergency Services**

Under Proclamation No. 493/2014, in addition to the duties and responsibilities assigned for the service, the following additional responsibilities and duties will apply:

- 1) The implementation of emergency medical services will be monitored and assessed for operational effectiveness.
- 2) Citizens who are injured in vehicle accidents will be evaluated for emergency medical service eligibility according to this regulation and the respective laws. In addition, decisions will be made based on complaints from accident victims.
- 3) The organization will assess and take corrective action for operational challenges, as well as take steps in line with Article 30 of Proclamation No. 799/2005.
- 4) The allocated funds for emergency medical services will be audited regularly, based on the law and this regulation, to ensure they are effectively used for the intended purpose. A report on challenges and results will be submitted annually.
- 5) The traffic police will prepare and submit emergency medical service requests, traffic accident reports, and other relevant documents, either in hard copy or through the digital system, and will guide their use.
- 6) The Ministry of Health will prepare and distribute the payment request form for emergency medical services in digital format, and ensure its





implementation for health service providers. It will also monitor its usage.

- 7) The Ministry of Health will assess the performance of emergency medical services and, based on the evaluation, will submit recommendations to improve the emergency service fund to the board.
- 8) The emergency medical service fund will collect a 3% fee from the compensation recipients for vehicle accident claims, as determined by the Ministry of Health's advisory board in July 2016.
- 9) A digital system will be developed to track payment requests for emergency medical services and audit reports efficiently.
- 10) The service will enhance operational procedures by coordinating with stakeholders to improve service delivery.
- 11) Stakeholders will work together in the inspection, support, and monitoring of emergency medical services to ensure effective operation.

**27. Insurance Service Providers**

- 1) Contributions for urgent medical service payments (from the emergency medical service fund) will be deposited into the bank account created by the digital system implemented by the service.
- 2) Urgent medical services will ensure that insurance companies that fail to generate proper income will be required to generate funds. However, if the service employs the digitalized Arbo collection method, the collection process will follow a different operational system.
- 3) A copy of the bank receipt showing the amount earned in the opened account will be sent to or notified to the service. However, if the service uses the digitalized Arbo collection method, the collection process will follow a different operational system.



**28. Ministry of Health**

- 1) Based on this directive provided, the contribution for urgent medical service payments (from the emergency medical service fund) will be deposited into the bank account opened by the service's established digital system, and the account number will be disclosed. Health offices in regions and cities will manage this process.
- 2) The health office at the regional and city administration level will compile the performance reports for the services rendered and submit them to the relevant authorities on time. They will also submit monthly reports that indicate the payment details of the services provided.
- 3) Payments for emergency medical services related to vehicle accidents will be subject to both internal and external audits.
- 4) In cases where fraudulent documentation is presented for emergency medical services related to vehicle accidents, the health institution will provide free urgent medical services and report the issue. Appropriate administrative actions will be taken based on the Ministry's regulatory framework.
- 5) The Ministry of Health will coordinate all stakeholder organizations to ensure that they effectively implement operational activities in conjunction with the service.
- 6) Every quarter, a performance evaluation of the operations will be conducted, and the results will be shared with all stakeholders, including service providers.

**29. Health Bureau**

- 1) The regional health administration will review the service fee reports submitted by district or city health centers, and it will ensure that payments for medical services are made within the designated period specified in the Directive s.



- 2) Emergency medical service providers under the regional health bureau will submit the required documentation for payment, and the bureau will make payments within the designated period.
- 3) For vehicle accident victims, the designated representative will ensure that they receive necessary medical services from health institutions.
- 4) The health bureau will compile and submit monthly service fee reports to the Ministry of Health, following the specified Directive s.
- 5) Every health institution in the country must provide emergency medical services to anyone involved in an accident, regardless of their pre-existing conditions, following the procedures outlined in the Directive. The health bureau will take appropriate actions against any institution that fails to comply.

**30. According to the organization of the region, zonal/ sub-city/ district health office**

- 1) Health institutions will submit emergency medical service request forms along with the relevant implementation report to the regional health bureau. The bureau will process the payment for medical services as per the designated Directive s.
- 2) Any health institution within the country is required to provide emergency medical services to anyone involved in an accident, regardless of their pre-existing conditions, according to the procedures outlined in this Directive. The health bureau will take action against any institution that fails to comply with these regulations.

**31. Medical Institutions**

- 1) Medical institutions are required to provide free emergency medical services up to a cost of 15,000 Birr.



- 2) Medical institutions must display a sign clearly showing that emergency medical services are free of charge at a visible location.
- 3) Medical institutions are required to submit the expenses incurred for emergency medical services within the specified period using an invoice form or a digital registration system.
- 4) They must gather the necessary information as stipulated in these Directive s.
- 5) Patients arriving at medical institutions without an emergency medical information form must verify their traffic accident status.
- 6) Based on emergency medical conditions, the healthcare professional or institution must verify the medical certificate and provide the relevant documentation for the traffic accident.
- 7) Medical institutions must submit an emergency medical information form/statement and inform the police in writing immediately.
- 8) If an accident victim was transported from the accident site to a healthcare facility by ambulance, the institution must verify the medical records.
- 9) When a patient is admitted for treatment or is being repeatedly treated, the healthcare provider will make the necessary decisions about discontinuing the emergency medical service, and the patient and the institution will continue treatment as per the agreement.
- 10) In cases of a traffic accident, medical institutions receiving referrals must provide necessary medical documents and a copy of the cost information for the transfer.
- 11) Institutions receiving accident victims must accept them without any prior condition.

**32. Police or Traffic Police**

- 1) Any traffic police officer must complete the prepared form or use the digital registration system to send the injured person to a healthcare facility when a vehicle accident occurs.
- 2) The traffic police will ensure that the spokesperson (representative) of the vehicle accident victims registers with the police.
- 3) If the traffic police are not present at the accident site, the victim must inform the healthcare facility about the vehicle accident using the appropriate channels as soon as possible.
- 4) The traffic police must confirm the occurrence of the vehicle accident with any community member who reports it.
- 5) Based on section 32, sub-section 7, of this directive, the victim is obligated to provide information about the vehicle accident and the medical service given.

**33. Other Entities**

The victim or the victim’s family, any community member, the injured person, the vehicle owner or manager, or the driver responsible for the accident must inform the service provider or the medical company about the accident within 10 days, providing details about the incident.

**Article 6**

**Various Sections of the Directives**

**34. Complaint Submission**

- 1) Any health institution that is obligated to provide emergency medical services or any person who has been injured must submit a complaint in writing within 10 working days if the required services or procedures are not followed, as outlined in this directive, and if a complaint was

made. The complaint must be submitted to the Traffic Accident Medical Service Leader for further action.

- 2) The Traffic Accident Medical Service Leader must respond to the complaint in writing within 5 working days.
- 3) If the Medical Service Leader responds to the complaint, the individual who submitted the complaint must submit their response in writing to the main service executive within 3 working days.
- 4) The main service executive must respond to the complaint in writing within 15 working days.
- 5) The final administrative decision regarding the complaint will be made by the main service executive's response to the complainant.

**35. Repealed directive**

Regarding emergency medical services, this directive repealed the previously issued Directive for traffic accident victims, Emergency Medical Service Implementation Directive No. 655/2013.

**36. The time when the directive will be effective**

This directive will be registered with the Ministry of Justice and, when published on the website of the Ministry of Transport and Logistics, it will become enforceable.



# 1. Attachments

## Traffic Police

### Emergency / Urgent Medical Service Information Submission Form

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Ref No. \_\_\_\_\_

1. Full Name of the Injured Person \_\_\_\_\_
2. Type of Vehicle and Plate Number \_\_\_\_\_
3. Full Name of the Vehicle Owner \_\_\_\_\_
4. Location / Date / Time of the Accident \_\_\_\_\_
5. Name of the Medical Facility to Which the Injured Person Was Referred \_\_\_\_\_
6. Name of the Traffic Police Officer Who Issued the Order \_\_\_\_\_
  - a) Full Name \_\_\_\_\_
  - b) Name of the Police Station \_\_\_\_\_
  - c) Address: Region \_\_\_\_\_ District \_\_\_\_\_ City/Zone \_\_\_\_\_ Woreda \_\_\_\_\_  
Kebele \_\_\_\_\_
  - d) Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_
  - e) Signature \_\_\_\_\_

**Note:** This form serves as an accident notification to the police station for filing a claim. It is prepared in two copies, as follows:

- ✓ The original is for the medical facility.
- ✓ The copy is submitted to the traffic police station.

**Reminder:** This form serves as a duty for the health facility to provide emergency medical services to the injured person. The individual or relevant party has the right to inquire about the payment related to the treatment.



**ADA AGRITECH TRADING TRANSLATION WORKS**



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**Vehicle accident victim report form to be filled in by police departments**

**Ref:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**To:** \_\_\_\_\_

(To the road safety insurance Fund Or To the insurance company).

1. if the driver who caused the accident is known.
  - A. Full Name \_\_\_\_\_
  - B. Driver License Number \_\_\_\_\_ Level \_\_\_\_\_
  - C. Address:- region \_\_\_\_ sub  
city \_\_\_\_ zone \_\_\_\_ woreda \_\_\_\_ kebele \_\_\_\_ house Number \_\_\_\_\_
  - D. Mobile Phone Number \_\_\_\_\_
  - E. If the driver is unknown, please specify.
2. If the driver is known.
  - A. Plate Number \_\_\_\_\_
  - B. Vehicle type \_\_\_\_\_
  - C. The name of the vehicle owner \_\_\_\_\_
  - D. Address:- region \_\_\_\_ sub  
city \_\_\_\_ zone \_\_\_\_ woreda \_\_\_\_ kebele \_\_\_\_ house Number \_\_\_\_\_
  - E. Insurance certificate insurance sticker number  
Year of agreement from \_\_\_\_\_ to \_\_\_\_\_
  - F. The name of the insurance provider \_\_\_\_\_
  - G. Branch Name \_\_\_\_\_
3. The cause of the  
accident \_\_\_\_\_  
\_\_\_\_\_
4. Details of the car \_\_\_\_\_
  - A. Date of the accident \_\_\_\_\_ place \_\_\_\_\_ hour \_\_\_\_\_



B. Types of accident \_\_\_\_\_

5. A list of person who injured by the vehicle accident

NO	Injured person name	Traveler/driver/helper	Types of injured (simple /high/death)	Injured person address	Injured person or family phone No	referral hospital
1						
2						
3						
4						

6. Please specify if anyone else was injured in the accident \_\_\_\_\_

7. Please specify property damage caused by the accident \_\_\_\_\_

8. Based on the plan, the responsible vehicle plate number \_\_\_\_\_ Driver Name \_\_\_\_\_

9. The investigator/ traffic policeman name \_\_\_\_\_ Mobile Number \_\_\_\_\_

The Accident identification Number \_\_\_\_\_ Phone Number \_\_\_\_\_ signature \_\_\_\_\_

**Note:** This form must be printed in two copies.

- The original copy for the road safety and insurance Fund service/ for the perspective insurance company

-The second copy would be for a traffic police or a police officer

*Roads safety insurance Fund service phone number is +251-118-55-38-44/+25-118-55-07-83 free emergency medical service for all victims of motor vehicle accidents.*



### Emergency Medical Service Payment Inquiry Form

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- This report must be filled out by a medical facility that has treated - patients in an emergency following a car accident.
- This report must be completed after the traffic police report is submitted to the medical institution.

1. Traffic Police Report of the Vehicle Accident

A. Accident Identification Number

B. A traffic police who investigate the accident.

Name \_\_\_\_\_

ID Number \_\_\_\_\_

Home Phone No \_\_\_\_\_ Mobile Number\_\_\_\_\_

2. Details of Patient’s Information

a. Name\_\_\_\_\_

b. Age\_\_\_\_\_

c. Gender  Male  Female

d. Address

Region/City\_\_\_\_\_Sub-city/Zone\_\_\_\_\_House Number\_\_\_\_\_

e. Type of injury  minor injury Serious InjuryDeath.

3. The type of treatment given to the patient.

Type of Medical Service Provided at the Accident Scene

Emergency Ambulance / Transport Service

Emergency Medical Services Provided at Healthcare Facilities

High-Level Specialized Medical Care or Intensive Care



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If the medical service provided is outside the above categories, please specify.

4. Medical Service within Healthcare Facilities

The patient is currently undergoing treatment.

The patient is hospitalized and being managed at the healthcare facility.

- ✓ Date of Admission to the Healthcare Facility
- ✓ Date of Discharge from the Healthcare Facility

5. Payment Inquiry

Please provide details about the type of medical service and the payment amount as per the categories below:

No.	Type of Medical Service	Payment Amount	Supporting Documents
1			
2			
3			
4			

6. Medical examiner personnel and Institution Information:

- a) Name \_\_\_\_\_
- b) Professional Level \_\_\_\_\_
- c) Name of the Medical Institution \_\_\_\_\_
- d) Address \_\_\_\_\_
- e) Phone Number \_\_\_\_\_
- f) Fax Number \_\_\_\_\_



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g) Responsible Person of the Medical Institution

- Name\_\_\_\_\_
- Signature\_\_\_\_\_
- Institution Seal\_\_\_\_\_