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Road Safety & Insurance Fund Service

**ROAD SAFETY AND INSURANCE FUND SERVICE
DRAFT DIRECTIVE FOR IMPLEMENTATION OF
EMERGENCY MEDICAL TREATMENT 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 treatment 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 Treatment Services Implementation Directive s 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 treatment services Fee Regulation No. 554/2016 carefully regulates and establishes the costs for these medical treatment 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 treatment for all road traffic victims.

Part 1: General

1. Short Title

This Directive officially serves as the “a directive for implementing Emergency Medical Treatment services for victims of vehicle accidents no. .../2024.” It provides a framework for delivering medical care to individuals injured in road traffic accidents, focusing 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 Treatment services fund" or "Emergency Medical Treatment services budget"** means a financial source established to operationalize Emergency Medical Treatment 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 treatment Service,"** means an emergency medical service provided free of charge to any person injured in a road traffic accident.



- 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 terms”** all terms in the masculine gender are used for the feminine gender.

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 Treatment services in health facilities.
- 2) To enable health facilities providing Emergency Medical Treatment 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 Treatment 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 Treatment services and payment for such services, as outlined in this directive, must comply with its implementation.

Part 2

Implementation of the Emergency Medical Service

Payment

5. Notification of accident to insurance company about a Vehicle Accident

- 1) According to Article 17, sub-article 1 of the decree, unless there is an overriding cause, the insured must notify the insurer of the insured vehicle's accident as soon as possible or, if there is a delay, 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 compensation payment.
- 3) An accident can be reported using any means that each insurance company has authorized, or it can be reported by completing the accident notification form and sending it to the relevant insurance company's registered address.

6. Notifying the service of accidents involving unidentified or uninsured automobiles.

- 1) If the accident involves an uninsured 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 to road safety and insurance fund service about the accident.
- 3) According to the contract and compensation directive, the notification can be made via telephone, fax, or designated system to report the accident or provision of emergency medical treatment to the main office or designated traffic police service branch unit 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 of the act, the insurance company must disclose whether the vehicle is insured or not, as well as the circumstances mentioned in Article 9 of the act on the insurance certificate, when the injured Party or the entitled Party requests that the insurance company pay damages.
- 2) The request form prepared by the service, filled out by the traffic police, and transmitted to the medical institution for the provision of emergency medical treatment services or a form filled out by the digital feeding system prepared for this purpose may be considered as a source of disaster notification and disaster information.
- 3) If the form for requesting urgent medical care is incomplete due to capacity issues and remains unfiled with the traffic police, the medical treatment service provider or emergency care coordinator can complete the form. This completed form, including the medical certificate, will take as the accident notification and a proof of the 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) For all vehicles that are insured or uninsured, have missed a collision, and are exempt from the ordinance's provisions, the traffic police will

use the availability of an emergency medical service invoice form or a form completed by a digital feeding system created for this purpose to provide the information needed to notify the accident and claim compensation.

9. Emergency Medical Services

- 1) According to Article 27, Sub-Article 1, and based on the law for the third party vehicle accident, any person who suffers damage as a result of a vehicle accident is entitled to emergency medical treatment 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 Treatment services is entitled to request payment for the costs incurred based on the Directives outlined in this Directive.

10. Types of Emergency Medical Services

1. According to Article 2, Sub-Article 16, of the proclamation the types of Emergency Medical Treatment 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 Treatment 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 Treatment service 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. the procedure for the use of ambulances to transport any person injured in a vehicle accident from the scene of the accident to the medical institutions shall be implemented in accordance with the



implementation manual issued by the Ministry of health and the service based on the study

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.

Part 3

Implementation of Service Fees and the Required Evidence

12. Requesting Service Fees

- 1) According to this directive, any medical institution may charge for emergency medical services only for services rendered to any person injured because of a vehicle accident.
- 2) The injured person must receive Emergency Medical Treatment service from the designated healthcare facility without any prior condition.
- 3) any medical institution providing emergency medical services may charge the following entities:
 - 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 treatment Services

To request reimbursement from any organization that has rendered emergency medical care;

- 1) The requesting institution must follow the regulations outlined in this directive.
- 2) The emergency medical payment request form and other related documents must be submitted without missing any relevant information.
- 3) In this directive article 13 sub-article 2, the information can be attached by completing the service's digital emergency medical billing system.
- 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 involves an insured vehicle, the name of the insurer and the number of the insurance certificate.
 - e) If the accident involved an uninsured 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 Treatment Service Payment Inquiry: The emergency medical treatment 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 sub 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 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 Directive s outlined in this directive.
 - c) Confirm that the Emergency Medical Treatment 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, woredas, 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 pay to
 - 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.

Part 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 Emergency Medical Services Fund was established to carry out the provisions of Article 27 of the Third Party Insurance Directive No. 799/2005 on Emergency Medical Services in 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 survey conducted by the road safety and insurance fund service, the premium rate and the amount of compensation to be paid by the third Party vehicle accident insurance policy. It shall be notified to the relevant bodies in writing or by any means of transmission of information within 3 working days of the entry into force of the regulation no. 554/2016 of the Council of Ministers.

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

- 1) Deposit contribution Collection:- The income generated from the contributions of Emergency Medical Treatment services will 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) In accordance with the Council of Ministers regulation no. 554/2016 on the payment of premium rates and compensation rates by third Party vehicle accident insurance policy. all insurance companies must deposit the premium rates and compensation rates in the Bank account opened for the service of the road safety and insurance Fund. By the end of the day of the month following the end of each month of the Gregorian, calendar. If the last day of the next month is a Sunday or a public holiday, the last day will be the next business day. However, if the service uses the digitized collection method, the collection will be processed differently.
- 3) An insurance company, which has not paid into the emergency medical service revolving Fund during the period of payment. which referred to in sub-paragraph(2) of this Article shall be obliged to pay into the Bank account of the service, including the statutory interest on the amount of the delayed payment, as prescribed in the Ethiopian equity law, for the period of delayed payment. However, if the service uses the digitized collection method, the collection situation will have a different procedure.

24. Distribution and Utilization of Emergency Medical

Treatment services Fund

- 1) Each regional and city administration health bureau will allocate 75% of the Emergency Medical Treatment 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) The Emergency Medical Treatment 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) In each zone, district, or urban area, health facilities will implement the Emergency Medical Treatment services fee collection. The corresponding health bureau for the region or city will transfer the collected funds to the designated bank account.
- 4) 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 Treatment servicesFund

- 1) The accounting period for the Emergency Medical Treatment 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 Treatment 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 Insurance 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 Treatment servicesFund for the upcoming period.



Part 5

Responsibilities and Duties of Stakeholders

26. Road Safety and insurance fund 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 Treatment 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 Treatment services will be audited regularly, based on the law and this directive, to ensure they are effectively used for the intended purpose. A report on challenges and results will be submitted quarterly.
- 5) The traffic police will prepare and submit emergency medical treatment 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 Treatment 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 Treatment services and, based on the evaluation, will submit recommendations to improve the emergency service fund to the board.
- 8) The emergency medical treatment 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 Treatment 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 Treatment services to ensure effective operation.

27. Insurance Service Providers

- 1) Contributions for urgent medical treatment 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 fund will ensure that insurance companies that fail to generate proper income will be required to generate funds. However, if the service employs the digitalized 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 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 Treatment 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 Treatment 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 Treatment 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 Treatment 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 Treatment services up to a cost of 15,000 Birr.



- 2) Medical institutions must display a sign clearly showing that Emergency Medical Treatment services are free of charge at a visible location.
- 3) Medical institutions are required to submit the expenses incurred for Emergency Medical Treatment 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 Directives.
- 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.

Part 6

Various Sections of the Directives

34. Complaint Submission

- 1) Any health institution that is obligated to provide Emergency Medical Treatment 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 Treatment 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 _____



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B. Types of accident _____

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

NO	Injured person name	Travler /driver/ helper	Types of injured(simple/high/death)	Injured person addresses	Injured person or family phone No	referal 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_____ signiture_____

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



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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 Injury Death.

3. The type of treatment given to the patient.

Type of Medical Service Provided at the Accident Scene

Emergency Ambulance / Transport Service



Emergency Medical Treatment services Provided at Healthcare Facilities

High-Level Specialized Medical Care or Intensive Care

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 _____
- g) Responsible Person of the Medical Institution
 - Name _____
 - Signature _____
 - Institution Seal _____