

**A
BILL**

*to provide for better management and administration of healthcare services
and health facilities in the Province of the Khyber Pakhtunkhwa.*

WHEREAS it is expedient to provide better healthcare services to the masses through better management and administration of healthcare facilities in the Province of the Khyber Pakhtunkhwa;

AND WHEREAS in order to ensure better management and administration of the healthcare facilities, it is necessary to establish Regional Authorities for Health in those Health Regions and Health Districts to be notified by the Health Department of the Government of Khyber Pakhtunkhwa;

It is hereby enacted by the Provincial Assembly of the Khyber Pakhtunkhwa as follows:

**CHAPTER-I
INTRODUCTION**

1. Short title, extent, application and commencement.---(1) This Act may be called the Khyber Pakhtunkhwa Healthcare Facilities Management Act, 2022.

(2) It shall extend to the whole of the Province of Khyber Pakhtunkhwa.

(3) It shall apply to all Regional Authorities for Health in a Health Region and Health Districts, which may be established and notified from time to time, under this Act.

(4) It shall come into force atonce.

2. Definitions.---(1) In this Act, unless there is anything repugnant in the subject or context,-

(a) **“ad hoc appointment”** means ad hoc appointment as defined in the Khyber Pakhtunkhwa Civil Servants (Appointment, Promotion and Transfer) Rules, 1989;

(b) **“Board”** means the Board of Governors for a Regional Authority for Health as provided in section 5 of this Act;

(c) **“Budget”** means an official statement of the income and expenditure of a Regional Authority for Health for a financial year;

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Government of Khyber Pakhtunkhwa
Law Department


Deputy Legislation Officer
Government of Khyber Pakhtunkhwa
Law Department

- (d) **“Chairperson”** means the Chairperson of the policy board and a Regional Authority for Health, as the case may be;
- (e) **“Chief Executive Officer”** means the Chief Executive Officer of a Regional Authority for Health appointed under section 12 of this Act;
- (f) **“Chief Minister”** means the Chief Minister of the Khyber Pakhtunkhwa, Province;
- (g) **“Chief Operating Officer or Officers”** means the Chief Operating Officer or Officers in a Health District appointed under section 21 of this Act;
- (h) **“contract appointment”** means contract appointment as defined in the Khyber Pakhtunkhwa Civil Servants Act, 1973 (Khyber Pakhtunkhwa Act No. XVIII of 1973).
- (i) **“Department”** means the Health Department of the Government of Khyber Pakhtunkhwa;
- (j) **“employee”** means-
 - (i) an employee appointed by a Regional Authority for Health under this Act; or
 - (ii) a civil servant, who is already working or being transferred and posted in the Regional Authority for Health under this Act;
- (k) **“Government”** means the Government of Khyber Pakhtunkhwa;
- (l) **“Health District”** means a Health District as provided in section 3 of this Act;
- (m) **“Health Minister”** means the Health Minister of the Khyber Pakhtunkhwa, Province;
- (n) **“Health facilities”** means any existing primary or secondary health care facilities, excluding Medical Teaching Institutions and may include,
 - (i) Basic Health Unit;
 - (ii) Rural Health Center;
 - (iii) Tehsil Headquarter Hospital of Category A to D, as the case may be, duly notified by the Department;

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Government of Khyber Pakhtunkhwa
Law Department

- (iv) District Headquarter Hospital of Category A to D, as the case may be, duly notified by the Department;
- (v) Rural Dispensary, Maternal and Child Health center, Civil dispensary, Community health center; and
- (vi) any other health facility providing primary, preventive or any other associated services, as notified by the Department;
- (o) **“Regional Authority for Health”** means the Regional Authority for Health established under section 4 of this Act;
- (p) **“Hospital Management Committees”** means Hospital Management Committees as notified by the Department;
- (q) **“locum appointment”** means temporary engagement of a person for provision of specific services on a pay for performance model for a specific period;
- (r) **“Nomination Committee”** means a Nomination Committee constituted under section 16 of this Act;
- (s) **“Prescribed”** means prescribed by rules or regulations made under this Act;
- (t) **“Primary Health care facilities”** means Basic Health Units, Regional Health Centers, Mother and Child Health Centers, Civil Dispensaries, TB Centers, Leprosy clinics, Sub-Health Centers or any other public health service delivery point providing primary, preventive or any other associated service;
- (u) **“Primary Care Management Committee”** means Primary care management committees as notified by the Department;
- (v) **“regulations”** mean regulations made under this Act;
- (w) **“rules”** mean the rules made under this Act;
- (x) **“Secretary”** means the Secretary to the Regional Authority for Health;
- (y) **“Secondary Healthcare Facilities”** means any public sector hospital excluding MTIs of Categories A, B, C and D as designated and notified by the Department; and
- (z) **“Vice Chairperson”** means the Vice Chairperson of a Regional Authority for Health.

CHAPTER-II
ORGANIZATIONAL SETUP

3. Declaration of Health District and Health Region.---(1) On commencement of this Act, Department may, for the purposes of this Act, by notification in the official Gazette,-

- (a) declare a population defined area as a Health District;
- (b) Health Region, consisting of one or more Health Districts in the Province of Khyber Pakhtunkhwa.

(2) Government may, by notification in the official Gazette, change the territorial limits and number of population of a Health District or merge two or more Health Districts into one Health District as it may deem appropriate.

CHAPTER-III
POLICY BOARD

4. Policy Board.---(1) There shall be a Policy Board at the Provincial level, consisting of-

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| (a) | Health Minister; | Chairperson |
| (b) | Secretary of the Department; | Member |
| (c) | Chairpersons of all Regional Authorities for Health; and | Members |
| (d) | Director General Health Services. | Member |

(2) The Policy Board shall-

- (a) Determine, in consultation with Department, the base standards for the Regional Authorities for Health and its enhancement from time to time, as and when required;
- (b) recommend to Department, policies for the improvement of the Regional Authorities for Health;
- (c) recommend to Department various rules and amendments therein that it may seek to make;
- (d) recommend and approve model regulations and other policies and amendments therein, to be framed by the Regional Authorities for Health;

Deputy Legislation Officer
Government of Khyber Pakhtunkhwa
Law Department

- (e) establish the minimum qualification standard, for all posts in Regional Authorities for Health to ensure merit-based appointments; provided that the Regional Authorities for Health may enhance such minimum qualification of merit at their discretion;
- (f) provide guidance and advice on any matter referred to it by the Regional Authorities for Health, Department or Government;
- (g) review the annual reports of each Regional Authority for Health and give recommendations thereon; and
- (h) assist, aid or advise the Department on any matter relating to the health facilities as referred to them by the Department.

(3) The Policy Board shall meet at least twice a year, in addition to holding an annual meeting.

(4) The Policy Board shall conduct its business in the manner as it may determine.

(5) The Policy Board may co-opt any person for expert views or opinion.

CHAPTER-IV

REGIONAL AUTHORITIES FOR HEALTH

5. Establishment of Regional Authority for Health.---(1) On notification of a Health Region, under section 3 of this Act, the Department may, by notification in the official Gazette, establish one or more Regional Authorities for Health, as deemed fit.

(2) The Department may, from time to time, in a phased manner, extend the domain of a Regional Authority for Health, to such health facilities within a notified Health Region, as it may deem appropriate.

(3) A Regional Authority for Health established under sub-section (1), shall be a body corporate having perpetual succession and a common seal with power to acquire and hold property and enter into any contract and may sue or be sued in its name.

(4) A Regional Authority for Health established under sub-section (1), shall manage, supervise and exercise general control on the performance and affairs of the Health Districts which comes within its administrative domain.

6. Board of Governor Regional Authority for Health.---(1) To carry out the functions of a Regional Authority for Health, there shall be a Board of Governor for each Regional Authority for Health.

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Government of Khyber Pakhtunkhwa
Law Department

(2) The Board shall consist of not less than four members and not exceeding seven members, all of whom shall be from the private sector.

(3) The members may include eminent technical and professional persons in their respective fields having significant aptitude and time available for improving the health services within the jurisdiction of a Regional Authority for Health, such as, legal, finance and economics, management, medical profession, retired civil servants, educationist, social workers, representative of civil society, businessman, and renowned philanthropist.

(4) Serving Government employees and public office holders shall not be eligible for Board positions.

(5) The members of each Regional Authority for Health shall be appointed by the Chief Minister, on the recommendation of the Nomination Committee, for a term of three years.

(6) The Chief Minister may appoint Chairpersons and Vice Chairpersons of Regional Authorities for Health, at his own discretion, from amongst the respective members of the Regional Authorities for Health.

(7) The term of the Chairperson, Vice Chairperson and members of the Board shall be three years. The Chairperson, Vice Chairperson and members of the Board shall be eligible for more than one term at the discretion of the Chief Minister.

(8) If a member of the Board fails to attend three consecutive meetings of the Board without any valid reason or remains out of Pakistan for a continuous period exceeding one year, he shall cease to be a member of the Board and any such vacancy shall be filled within one month.

(9) A member of the Board shall serve at the pleasure of the Chief Minister and may be removed from the Board by the Chief Minister without assigning any reason

7. Disqualification of members of the Board.---No person shall be appointed or remain as a member of the Board, if he-

- (a) is of unsound mind;
- (b) has applied to be adjudicated as an insolvent and his application is pending;
- (c) is an un-discharged insolvent;
- (d) is an elected official;
- (e) has been convicted by a Court of law for an offence involving moral turpitude;

- (f) has been debarred from holding any office under any provisions of law; or
- (g) has a conflict of interest with his position as member.

8. Meetings of the Board.---(1) The meetings of the Board shall be presided over the by Chairperson and in his absence by the Vice Chairperson.

(2) All decisions of the Board shall be taken by consensus and in case of division of opinion, the decision shall be taken by majority of votes:

Provided that in case of equality of votes, the Chairperson of the Board shall have a second or casting vote.

(3) No act or proceedings of the Board shall be invalid merely because of the existence of any vacancy in the Board.

(4) The quorum of a meeting shall be four members or two thirds of the total number of the Board members, whichever is less.

(5) The member count shall be determined by actual members present and proxy vote shall not count. Members who attend such meetings through virtual platforms shall be deemed to be present.

(6) The Board shall hold at least six meetings every year or as frequently as required.

(7) Special meetings shall be convened on the special request of at least one third of the Board members for consideration of any important or urgent matter.

(8) If so, requested by at least one third of its total members, the Board may, in a matter of urgent importance other than the budget, cause a decision to be made through circulation, including electronic media.

9. Functions of the Regional Authority for Health.---(1) The Regional Authority for Health shall have the following functions, namely:

- (a) ensure that the objectives of the Regional Authority for Health within the overall ambit of Government or Department policy are achieved;
- (b) ensure that all persons in a Health District have equal and immediate access to quality healthcare service and for such purpose planning and structuring healthcare facilities for efficient delivery of healthcare services;

- (c) oversee effective management and providing strategic direction to the Health Districts for implementation of the curative, preventive and promotive healthcare services;
- (d) policy making of the Health Districts and ensuring that the performance of a Health District and its programmes are efficient and effective;
- (e) ensure transparency of procedures in appointments, terms and conditions of service, disciplinary matters and other service matters for the employees of a Health District;
- (f) implement the reform agenda of Government or Department and programs running on funds provided by a donor agency;
- (g) creation, re-designation or abolition of posts provided that the financial implications do not exceed the approved annual budget;
- (h) approval of annual business plan;
- (i) review and approval of major transactions;
- (j) approval of new programs and services and monitor organizational performance;
- (k) approval of financial plans and annual budget;
- (l) approval of regulations, including service regulations, for medical staff and overseeing the process for appointment of members of the medical staff;
- (m) approval of programs and services to ensure that a Health District and its associated offices fulfills legal, regulatory and accreditation requirements;
- (n) compliance with Government or Department policies and standards and in case of any deviation from agreed standards or procedures, to obtain prior approval from Government or the Department, as the case may be;
- (o) approval of the budget of the Regional Authority for Health and allocation of funds to health facilities under its supervision;
- (p) oversee health service delivery at primary and secondary levels within the policy framework given by Government or the Department;


Deputy Legislation Officer
Government of Khyber Pakhtunkhwa
Law Department

- (q) prepare, adopt and implement clinical governance guidelines and regular conduct of clinical audit of health facilities;
- (r) ensure coordination of health-related emergency response and implementing the related directions of Government or the Department during any natural calamity or emergency, including liaison with the concerned civil administration of a district or region, office of the Director General Health Services, the Department or any other Provincial or Federal entity designated as such by the Department for technical and logistic support;
- (s) liaise with Government or the Department for technical and logistic support in case of any emergency or disaster like situation;
- (t) ensure timely and adequate reporting of progress on health indicators and issues relating to disease surveillance, epidemic control and disaster management to the Department;
- (u) constitute committees to assist and advise it in the performance of its functions and these committees may include Board members or even be completely comprised of outside experts as the Board deems fit;
- (v) implement policies and directions of the Government and/or Department including achievement of key performance indicators set by the Department for healthcare programmes; and
- (w) perform any other function as may be assigned by Government or Department, as the case may be.

(2) The Board may delegate its powers for recruitment to various management levels within the Health Districts.

(3) The Chairperson may, in case of exigency of service, assign managerial position to any employee of Regional Authority for Health for any role within the Regional Authority for Health or Health District under its control, on an interim or officiating basis.

(4) All appointments made under sub-section (3), shall be placed before the Board for approval within one month and shall be approved subject to regular appointments to be made in the manner, as prescribed in regulations, within six months of such officiating appointments.

Deputy Legislation Officer
Government of Khyber Pakhtunkhwa
Law Department

10. Performance evaluation of Regional Authorities for Health.---(1) Each Regional Authority for Health shall be accountable for its performance to the Health Minister. The Regional Authorities for Health shall regularly provide performance based data, at set intervals to the Health Minister through the Department.

(2) The Department shall set targets and key policy actions for each Regional Authority for Health on an annual basis.

(3) The Department shall periodically review the performance of the Regional Authorities for Health preferably on a quarterly basis.

(4) The Health Minister may, for the purpose of this Act, issue such policy directives to all the Regional Authorities for Health from time to time and all the Regional Authorities for Health shall be bound to act in accordance with such policy directives.

11. Secretary of the Regional Authority for Health.---(1) There shall be a Secretary of the Regional Authority for Health, who shall be appointed in such a manner and on such terms and conditions, as may be prescribed in rules.

(2) The Secretary shall-

- (a) perform all secretarial and office functions of the Regional Authority for Health;
- (b) carry out such other functions as may be assigned or directed by the Chairperson of the Regional Authority for Health;
- (c) act as administrative assistant of the Regional Authority for Health; and
- (d) perform any other function as may be prescribed.

12. Chief Executive Officer.---(1) There shall be a Chief Executive Officer of the Regional Authority for Health, who shall be appointed by the Board from public or private sector on contract basis for a period of three years through open competition pursuant to merit criteria in the manner, as may be prescribed in rules.

(2) After completion of the three years term of an incumbent, the position of the Chief Executive Officer shall be advertised. In the interim period, if required and before selection of the next Chief Executive Officer, the Board shall have the authority of appointing a Chief Executive Officer for a period not extending six months.

(3) The Chief Executive Officer shall perform such functions as may be assigned by the Board or as may be prescribed in rules.

Deputy Legislation Officer
Government of Khyber Pakhtunkhwa
Law Department

13. Chief Financial Officer.---(1) There shall be a Chief Financial Officer of the Regional Authority for Health, who shall be appointed by the Board from public or private sector on contract basis for a period of three years through open competition pursuant to merit criteria in the manner, as may be prescribed in rules.

(2) After completion of the three years term of an incumbent, the position of the Chief Financial Officer shall be advertised. In the interim period, if required and before selection of the next Chief Financial Officer, the Board shall have the authority of appointing a Chief Financial Officer for a period not extending six months.

(3) The Chief Financial Officer shall perform such functions as may be assigned by the Board or as may be prescribed in rules.

14. Office of the Regional Authority for Health.---(1) The Regional Authority for Health shall be supported by an office to be established by it at such place in the region as it deems fit.

(2) The office of the Regional Authority for Health shall contain such administrative, financial, quality assurance, audit and any other staff, as may be prescribed in regulations.

15. Inspection Committees.---(1) To assist it in the performance of its functions, a Regional Authority for Health may establish a sufficient number of Inspection Committees in such a manner, as may be prescribed in regulations, to continuously evaluate the performance of the Health Districts.

(2) The Inspection Committees established under sub-section (1), may include but not limited to-

- (a) Clinical Performance Inspection Committees, consisting of medical, surgical, gynecologic, pediatric, dentistry and other clinical experts; and
- (b) an Administrative Performance Inspection Committee consisting of experts in administration and governance and non-clinical hospital functions.

(3) The Inspection Committees established under this section, shall report to the Regional Authority for Health on set proformas, as may be prescribed in regulations, on a regular basis, with recommendations for improvement in the functions of the Health Districts and attend meetings of the Regional Authority for Health as required.

(4) The composition, qualifications of members and terms of reference of the Inspection Committees shall be such, as may be prescribed in regulations.

(5) The Independent Monitoring Unit of Health Department on the direction of the Government, the Department or on the request of the Regional

Authority for Health may, in addition to inspection committees, conduct inspection for continuous evaluation of the performance of Health Districts.

16. Nomination Committee.---(1) There shall be a Nomination Committee for recommendation of persons to be nominated as members of a Regional Authority for Health, which shall consist of the following, namely:

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| (a) | Health Minister | Chairperson |
| (b) | Secretary to Government, Health Department; | Vice Chairperson |
| (c) | Director General Health Services, Khyber Pakhtunkhwa; | Member |
| (d) | a representative of the University of Peshawar; | Member |
| (e) | a representative of the Khyber Medical University; | Member |
| (f) | a representative of are putable private hospital operating in the Khyber Pakhtunkhwa to be nominated by the Chairperson; and | Member |
| (g) | one representative of civil society chosen by the Chief Minister, from amongst renowned philanthropists, retired senior Civil Servants, retired high court judges, industrialists or other persons of renowned achievements and high reputation. | Member |

(2) The Chairperson shall chair the meetings of the Nomination Committee and in his absence, the Vice-Chairperson shall chair the meetings.

(3) The members at clauses (f) and (g) of sub-section (1), shall, unless otherwise directed by the Chief Minister or the Chairperson of the Nomination Committee, as the case may be, hold office for a period of three years and shall be eligible for another term of three years, as the Chief Minister or Chairperson of the Nomination Committee, as the case may be, may deem appropriate:

Provided that the Chief Minister or the Chairperson of the Nomination Committee, as the case may be, may remove the members at clauses (f) and (g) at any time without assigning any reason.

17. Appointment of staff.---(1) In the discharge of its functions, the Regional Authority for Health may, from time to time, appoint such employees, consultants, advisors and other managerial positions, as it may consider necessary for its efficient performance, on contract basis and with such terms and conditions and in such manner, as may be prescribed by regulations:

Provided that the management cadre employees of the Department can apply and shall be given preference over an equally qualified applicant from the private sector.

(2) The officials of Health facilities rendering services at managerial positions may be removed from office by the Regional Authority for Health concerned as per the terms of the respective contracts before the expiration of the terms of appointment of the concerned individual.

(3) Subject to a request made by the concerned Regional Authority for Health, the Department may depute existing Civil Servants at the disposal of the concerned Regional Authority for Health.

(4) The Department shall coordinate and be responsible for posting and transfer of Civil Servants under sub-section (3), between two or more Regional Authorities for Health or between the Department and a Regional Authority for Health, as the case may be. Once posted in a Regional Authority for Health, the concerned Regional Authority for Health shall be responsible for further posting and transfer of such Civil Servants within the Regional Authority for Health.

(5) For the purposes of recruitment, the Department or the Regional Authority for Health may adopt any of the following mechanisms, namely:

- (a) adhoc appointments;
- (b) contract appointments; and
- (c) locum appointments.

(6) The terms and conditions of recruitment, training, transfer, performance appraisal, conduct, discipline and termination of the employees appointed by the Regional Authority for Health shall be such as prescribed in regulations.

18. Civil Servants.---(1) On commencement of this Act and when a Regional Authority for Health is established, all the Civil Servants working in health setups which will now be placed under the control of the Regional Authority for Health, shall be given an option either to continue to serve the Regional Authority for Health as a civil servant or opt for absorption as an employee of the concerned Regional Authority for Health.

(2) The option under sub-section (1), shall be exercised within a period of three hundred and sixty five days after the establishment of the concerned Regional Authority for Health. Those Civil Servants who do not opt for their absorption in a Regional Authority for Health so notified, shall serve the

concerned Regional Authority for Health on their existing terms and conditions until transferred elsewhere by mutual agreement of the Regional Authority for Health and the Department. Such civil servants shall be considered to be on deputation.

(3) Civil Servants who do not opt for absorption in a Regional Authority for Health, so notified, shall be dealt with in such a manner as provided in Khyber Pakhtunkhwa Civil Servants Act 1973, for their future posting, which includes deputation to the Regional Authority for Health subject to a request being made by the Regional Authority for Health.

(4) For Civil Servants on deputation to the Regional Authority for Health, the service shall be considered as pensionable.

(5) Civil Servants on deputation to a Regional Authority for Health shall not be entitled for any benefits and incentives that the Regional Authority for Health may approve for its employees.

(6) Civil Servants who opt for employment of the Regional Authority for Health shall be subject to terms and conditions of employment as prescribed by regulations including but not limited to their service structure, promotion and disciplinary matters. For the period spent by such persons as civil servants of the Department, the pension liabilities shall be borne and paid by the Department till the date at which the civil servant opted for the employment of a Regional Authority for Health.

(7) A civil servant, who opts to serve in the Regional Authority for Health, shall cease to be a civil servant from the date of his absorption in the service of the Regional Authority for Health concerned and their seniority, pension and other matters vis-a-vis employment in the Regional Authority for Health shall be determined in the manner, as may be prescribed by regulations.

(8) If at any time, a Regional Authority for Health reverts to Government for running under its own administration and management for any reason, the Regional Authority for Health employees shall continue to serve the Regional Authority for Health, on the same terms and conditions as applicable to them immediately before such reversion.

CHAPTER-V

HEALTH DISTRICTS

19. Administrative structure within Health District.---Each Regional Authority for Health shall by notification in the official gazette, establish appropriate administrative structures within each Health District to be headed by respective Chief Operating Officer.

20. Functions of administrative structure in a Health District.---The administrative structure of Health Districts shall-

Deputy Legislative Officer
Government of Khyber Pakhtunkhwa
Law Department

- (a) operate, manage and supervise the primary and secondary healthcare facilities and institutions in the Health District and report to the concerned Regional Authority for Health;
- (b) coordinate planning and allocate finances for provision of healthcare service delivery in the Health District;
- (c) develop referral and technical support linkages between primary and secondary levels of healthcare on the one hand and tertiary level health facilities and medical education institutions on the other;
- (d) develop linkages between private and public health sectors for enhancing access and coverage of healthcare facilities to the general public and improving quality of these services;
- (e) be responsible for delivery of preventive health services in the Health District;
- (f) ensure timely and adequate reporting of progress on health indicators and issues relating to disease surveillance, epidemic control, disaster management to the Regional Authority for Health;
- (g) implement policies and directions of the Regional Authority for Health including achievement of key performance indicators set by Government for healthcare programmes;
- (h) ensure implementation of minimum service delivery standards, infrastructure standards, patient safety and hygiene standards and minimum public health standards as prescribed by the Regional Authority for Health;
- (i) exercise such financial powers as may be assigned to any of its members by Regional Authority for Health; and
- (j) perform any other function as may be assigned by the Regional Authority for Health.

21. Chief Operating Officer.---(1) The Regional Authority for Health shall appoint,-

- (a) a Chief Operating Officer for each Health District in a Regional Authority for Health; and
- (b) a Chief Operating Officer for those notified secondary healthcare facilities not within the ambit of Chief Operating Officer of the Health District, by the Regional Authority for Health, duly notified for this purpose.

(2) The Regional Authority for Health may, for any other functional area or jurisdiction as defined by Regional Authority for Health, appoint any other Chief Operating Officer.

(3) A Chief Operating Officer shall be appointed for a period of three years, from public or private sector on contract basis in such a manner, as may be prescribed in rules.

(4) The Chief Operating Officer shall possess such qualifications and experience as may be prescribed in rules.

(5) After completion of the three years term of an incumbent, the position of the Chief Operating Officer shall be advertised. In the interim period, if required and before selection of the next Chief Operating officer, the Board shall have the authority of appointing a Chief Operating officer for a period not extending six months.

(6) The Chief Operating Officer may be removed from the office by the Board concerned, at any time, on such grounds, as may be prescribed.

(7) The Chief Operating Officer shall attend all or part of a meeting of the Board as an invited guest as required by the Board, to update the Board on Health District's activities and functions and any other matters.

(8) In performance of his functions, the Chief Operating Officer shall be responsible to the Chief Executive Officer of the concerned Regional Authority for Health and its Board.

(9) The Chief Operating Officer shall not have any conflict of interest with such a position as Chief Operating Officer.

22. Advisory Committee.---(1) There shall be an Advisory Committee to be constituted by the Regional Authority for Health concerned to advise the Chief Operating Officer of each Health district in the performance of his functions.

(2) The Advisory Committee shall consist of the following members, namely:

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| (a) | a Hospital Director of one of the secondary care within the Health District; | Member |
| (b) | a representative In charge Medical Officer of one of the Basic Health Units of the Health District; | Member |
| (c) | a representative In charge Medical Officer of an Rural Health Center of the Health District; | Member |

- (d) Public Health Coordinator of the Health District; Member
- (e) EPI Coordinator of the Health District; and Member
- (f) any other co-opted member. Member

(3) The selection of the members of the Advisory committee shall be defined in rules.

(4) The Advisory Committee shall meet on a monthly basis or more frequently as required and shall conduct its business in such a manner, as may be prescribed in regulations.

23. Human resource management of the Health District.---(1) The Board may delegate to the Chief Executive Officer of the Regional Authority for Health or Chief Operating Officer or any other employee of the Regional Authority for Health, the power to appoint and terminate employees in the manner as may be prescribed in regulations.

(2) For all employees in the Health District, the Board shall form appropriate selection committees in the manner as may be prescribed.

(3) The terms and conditions of recruitment, training, transfer, performance appraisal, conduct, discipline and termination of the employees of the Health District shall be such as may be prescribed in regulations.

CHAPTER-V

FINANCIAL

24. Regional Authority for Health Fund.---(1) There shall be a Fund to be known as the Regional Authority for Health Fund to be administered and controlled by each Regional Authority for Health.

(2) The Fund shall consist of-

- (a) grants made by Government or the Federal Government;
- (b) loans provided by Government;
- (c) other loans or funds obtained by the Regional Authority for Health;
- (d) receipts and user charges as specified by the Regional Authority for Health in consultation with Government from time to time in such manner as may be prescribed;

- (e) voluntary contributions or donations; and
- (f) income from other sources.

(3) The Fund shall be used for running the affairs of the Regional Authority for Health and the Health Districts coming under its administrative domain.

(4) The money credited to the Fund shall be kept in a Scheduled bank.

25. Budget.---(1) The Chief Financial Officer of a Regional Authority for Health, in collaboration with the respective Chief Operating Officers falling within the jurisdiction of such Regional Authority for Health, shall for each financial year submit budget proposals containing a statement showing the estimated receipts, the current and development expenditures and the sum required as grant-in-aid from Government, for the approval of the concerned Board.

(2) The budget estimates under sub-section (1), shall be submitted at least sixty days before the start of a financial year.

26. Maintenance of accounts.---A Regional Authority for Health and each of the respective Health Districts shall maintain proper accounts and other records relating to financial affairs including income and expenditures and assets and liabilities in such form and manner, as may be prescribed in rules.

27. Pension.---(1) The Regional Authorities for Health shall provide for contributory pension for its employees in the manner, as may be prescribed in regulations.

(2) In case of Civil Servants who have opted to join the Regional Authority for Health as its employee, the Regional Authority for Health shall only be responsible for pensions starting from the date of joining of the Civil Servants in Regional Authority for Health. The Department shall be responsible for reconciliation and clearance of due pension of such Civil Servants for the period prior to the date of joining the Regional Authority for Health.

28. Audit of accounts.---(1) The accounts of the Regional Authorities for Health and those of the Health Districts shall be audited by the Auditor General of Pakistan on an annual basis to ensure adherence to guidelines and standards and fiscal probity.

(2) Each Regional Authority for Health shall also carry out regular third-party audits by a reputed chartered account firm, on annual basis of its own and those of respective Health Districts including functional areas as defined by a Regional Authority for Health.

CHAPTER-VI
MISCELLANEOUS

29. Assessment of Regional Authority for Health.---The Health Department may-

- (a) carry out assessments of a Regional Authority for Health;
- (b) evaluate indicators or interventions and the services provided by the Regional Authority for Health; and
- (c) engage third party for evaluation of performance of the respective Regional Authority for Health.

30. Healthcare facilities management.---(1) The Regional Authority for Health shall lay down management guidelines according to which it shall manage healthcare facilities within the Health Districts under its administrative domain.

(2) The Regional Authority for Health may give recommendations to the Department for-

- (a) establishment of new Health facilities;
- (b) rationalization of existing Health facilities; and
- (c) up-gradation of Health facilities as per standards fixed by Government within the overall ambit and development policy of the Department.

31. Community engagement.---The Regional Authorities for Health shall engage with the community members through Primary Care Management Committees and Hospitals Management Committees, wherever necessary and if applicable.

32. Public Private Partnerships.---(1) All initiatives related to public private partnerships shall be steered by Department either at its own or through Khyber Pakhtunkhwa Health Foundation or any other executing agency as determined by Department out of current or development funds.

(2) Furthermore, the Department or executing agency may take respective Regional Authority for Health on board in respect of Public Private Partnership arrangements pertaining to Health facilities. This may include the form of multipartite arrangements amongst the Department, executing agency, Regional Authority for Health and service providers.

(3) Nothing in this section shall exclude power of Regional Authority for Health for outsourcing of some of ancillary functions under respective provisions of Khyber Pakhtunkhwa Public Procurement Regulatory Authority Act,

Deputy Legislative Officer
Government of Khyber Pakhtunkhwa
Law Department

2012 (Khyber Pakhtunkhwa Act No. XI of 2012) and the rules made thereunder. The outsourcing may include outsourcing of clinical, non-clinical, preventive and curative services.

33. Reforms programs.---Each Regional Authority for Health shall be primarily responsible for implementing the reform agenda of Government or the Department and programs running on funds provided by a donor agency.

34. Accountability.---(1) The Department shall enquire into the conduct of a Regional Authority for Health if such Regional Authority for Health or any of the respective Health Districts under that Regional Authority for Health deviates from any law, rules, policy or standard set by Government.

(2) For the purpose of sub-section (1), the Department shall initiate corrective action in the manner as may be prescribed.

35. Power to make rules.---Government may, by notification in the Official Gazette, make rules for carrying out the purposes of this Act.

36. Power to make regulations.---The Regional Authorities for Health may, by notification in the official Gazette, make regulations for carrying out the purposes of this Act.

37. Transitional Arrangements.---For the purpose of this Act the following transitional arrangements shall be put in place, namely:

- (a) within six months of establishment of Regional Authority for Health the Department may in a phased manner notify Health Districts to be made part of such Regional Authority for Health;
- (b) after notification of a particular Health District, the current setup and mechanism of the Department may continue in parallel until the Health District administrative structure is fully functional;
- (c) once established and notified, the concerned Regional Authority for Health shall start the appointment process for filling in the various positions of the health setup of the region. Till the time that such positions are filled and a Regional Authority for Health is fully functional, the current health management setup, both at the primary and secondary healthcare levels shall continue;
- (d) the Regional Authority for Health shall immediately start the process of recruitment against the various positions through advertisement from open market. The existing Civil Servants of the Department can apply and shall be given preference

Deputy Legislation Officer
Government of Khyber Pakhtunkhwa
Law Department

over an equally qualified applicant from the private sector;
and

- (e) on application of this Act and when a Regional Authority for Health is established, the transition of Civil Servants shall take place in accordance with section 18 of this Act.

38. Assistance.---All the executive authorities in the Province shall provide all necessary assistance to Regional Authorities for Health in the discharge of their functions under the provisions of this Act and the rules and regulations made thereunder.

39. Directions by Government or Department.---Government or the Department may issue, from time to time, directions to the Regional Authorities for Health for the implementation of the provisions of this Act. All such directions shall be binding on the concerned Regional Authority for Health

40. Officers, etc. deemed to be public servants.---The members, officers, employees and other staff of the Regional Authorities for Health and Health Districts shall be deemed to be public servants within the meanings of section 21 of the Pakistan Penal Code (Act XLV of 1860).

41. Indemnity.---No suit, prosecution or other proceedings shall lie against the Government, the Regional Authorities for Health, the Board, Health Districts, or any committee of such Authorities, Chairperson, Chief Executive Office, Secretary or any member, officer or employee of the Regional Authorities for Health and the Health Districts in respect of anything done or intended to be done in good faith under this Act.

42. Over-riding provision.---The provisions of this Act shall have effect notwithstanding anything to the contrary contained in any other law for the time being in force.

43. Repeal and savings.---(1) The Khyber Pakhtunkhwa Regional and District Health Authorities Act, 2019 (Khyber Pakhtunkhwa Act No. XXXIX of 2019) is hereby repealed.

(2) Notwithstanding the repeal of the above said Act, anything done, actions taken, orders or notifications issued under the repealed Act shall be deemed to have been validly done, taken or issued under this Act.

44. Amendment in the Khyber Pakhtunkhwa Act No. XII of 2011.--- In the Khyber Pakhtunkhwa (Appointment, Deputation, Posting and Transfer of Teachers, Lecturers, Instructors and Doctors) Regulatory Act, 2011 (Khyber Pakhtunkhwa Act No. XII of 2011), the following amendments shall be made, namely:

- (a) in the long title the words “and doctors in the health facilities” may be deleted;

Deputy Legislation Officer
Government of Khyber Pakhtunkhwa
Law Department

- (b) in the Preamble,-
- (i) the words “and doctors in the health facilities” may be deleted; and
 - (ii) the expression and commas “and doctors in the health facilities, and to regulate deputation of doctors abroad,” may be deleted;
- (c) in section 1,-
- (i) in sub-section (1), the comma appearing after the word “Lecturer” may be replaced with the word “and” thereafter the words “and Doctors” may be deleted; and
 - (ii) in sub-section (2), the words “and doctors” may be deleted;
- (d) in sub-section (1) of section 2, clauses (b) and (d) shall be deleted;
- (e) in sections 4 and 5, the word and comma “doctor,” wherever occurring shall be deleted; and
- (f) sections 6, 7 and 8 shall be deleted.

STATEMENT OF OBJECTS AND REASONS

Provision of healthcare services to the masses is the basic duty of the State. For this purpose better management and administration of healthcare facilities in the Province of the Khyber Pakhtunkhwa is indispensable. It is deemed to have an innovative organizational setup for the healthcare facilities in the Khyber Pakhtunkhwa on the basis of division of the Province into various Health Regions and Health Districts.

For carrying into effect the aforementioned, it is necessary to establish Regional Authorities for Health in those Health Regions and Health Districts to be notified by the Health Department of the Government of Khyber Pakhtunkhwa under the provisions of the Bill. The above mentioned setup will go a long way in improving the healthcare service delivery in the Province of Khyber Pakhtunkhwa.

The Bill seeks to achieve the above mentioned objectives.

Peshawar,
dated the: ____/____/2022.


MINISTER-IN-CHARGE


Deputy Legislative Officer
Government of Khyber Pakhtunkhwa
Law Department