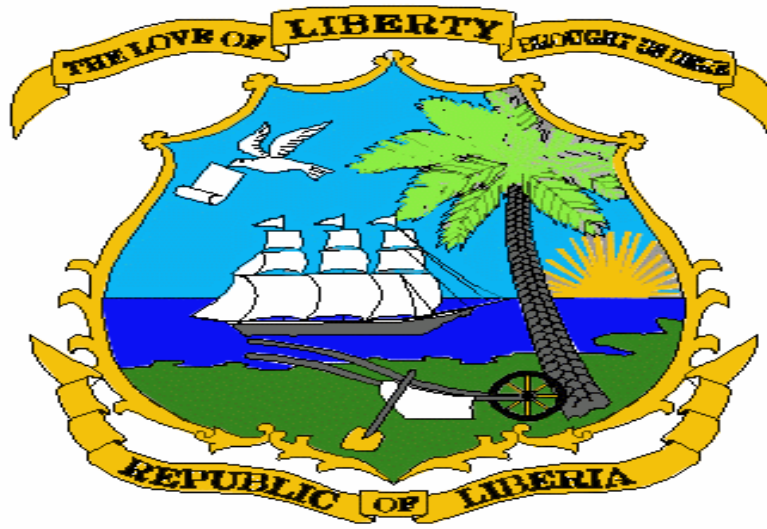


**PUBLIC HEALTH LAW OF LIBERIA
AS REVISED (2022)**



REPUBLIC OF LIBERIA

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PREAMBLE

WHEREAS, Title 33 (Public Health Law of Liberia) as adopted on July 16, 1976 has a life spanning over 42 years;

WHEREAS, said Title 33 provides for fines and fees that do not reflect current day economic realities, and

WHEREAS, the 1976 law does not address new and emerging public health challenges such as emergency treatment, discrimination, mental health, nutrition, regulation of marketing of products for infants and young children, zoonotic diseases, non-communicable diseases, antimicrobial resistance, clinical trials, and complementary and alternative medicine;

WHEREAS, as a result, recent legislative enactments have been made to either amend or repeal certain provisions of Title 33 and the said enactments, while a part of the Public Health Law, are in separate documents; and

WHEREAS, the Liberia Medicines and Health Products Regulatory Act of 2010 removes the regulation of drugs from the Ministry of Health and the Liberia Pharmacy Board and gives same to the Liberia Medicines and Health Products Regulatory Agency (LMHRA);

WHEREAS, Part IX, Section (1) of the said LMHRA Act repeals certain provisions of Title 33 and regulations made thereunder without specifically naming the repealed provisions and regulations; and

WHEREAS, the Act creating the Ministry of Gender and Children Protection removes the social welfare component of the functions of the Ministry of Health;

REALIZING THAT, it is imperative to collate and integrate the separate laws governing the public health system, with the realization that a unified public health system is necessary in ensuring that all citizens and residents of the Republic have equal access to health services;

AND WHEREAS, the mission of the public health system is to promote and contribute to the highest attainable standard of public health for the people of Liberia by: preventing health risks and diseases; identifying and reducing health risks in the communities; preventing, detecting, investigating, and responding to the spread of diseases; promoting healthy lifestyles; promoting a safe and healthy environment; promoting the availability, affordability, and accessibility of quality healthcare services through the private and public sectors; and providing quality healthcare services when not otherwise available;

NOW THEREFORE: IT IS ENACTED BY THE SENATE AND HOUSE OF REPRESENTATIVES OF THE REPUBLIC OF LIBERIA IN LEGISLATURE ASSEMBLED:

TITLE 33 OF THE LIBERIAN CODE OF LAWS REVISED, PUBLIC HEALTH LAW (1976) IS REPEALED IN ITS ENTIRETY, AND IN LIEU THEREOF IS ENACTED A NEW TITLE 33, LIBERIA CODE OF LAWS REVISED.

PART I. GENERAL PROVISIONS

Chapter 1. TITLE & DEFINITIONS

§ 1.1. *Short Title*

§ 1.2. *General Definitions of terms contained in other chapters of Title*

§ 1.3. *Guiding Principles*

§ 1.1. Short Title

This Title shall be cited as The New Public Health Law as Revised (2019).

§ 1.2. General Definitions of terms contained in other chapters of Title

As used in this title and in any rules or regulations made thereunder, unless expressly stated or the context otherwise requires, the following terms have the meanings ascribed to them:

1. “**Act or this Title**” refers to Title 33, the Public Health Law as revised herein.
2. “**Animal**” means mammals, birds, reptiles, bees and life stages of fish, molluscs, crustaceans and amphibians whether originating from aquaculture establishments or removed from the wild and released to the environment, for human consumption or for ornamental purposes;
3. “**Authorized Person**” means a person who has received a mandate from the Minister to carry out a specific function.
4. “**Adult**” means a person who is eighteen years of age or older.
5. “**Approved**” means approved by the Minister or by any official of the Ministry authorized by this title to issue such an approval.
6. “**Basement**” means any space underneath the first finished floor of a dwelling that has at least half of its height above the level of the adjoining streets.
7. “**Biosafety**” refers to the containment principles, technologies, and practices, and techniques that are implemented to prevent the unintentional exposure to pathogens and toxins or their accidental releases.
8. “**Building**” means any structure whatsoever, whether permanent or temporary, for whatsoever purpose used.
9. “**Cellar**” means any enclosed underground space including a vault, storage space or room; a space is underground if more than half of its height is beneath the level of the adjoining streets.
10. “**Cesspool**” means a watertight settlement tank or other tank for the reception or disposal of foul matter from buildings.

11. **“Child”** or **“Children”** means a person or persons less than eighteen years of age.
12. **“Cistern”** means a reservoir, tank, or container for storing or holding water or other liquid.
13. **“Clinic”** refers to a medical facility that caters to patients on an outpatient basis, addressing and treating common conditions and illnesses.
14. **“Condemn”** means to declare that any article or thing is unfit for consumption or use.
15. **“Condition of public” health importance”** means a disease, syndrome, symptom, injury, outbreak or other occurrence that is a threat to public health whether identifiable on an individual or community level. It includes, but is not limited to, any of the situations or conditions described or listed under the definition of **“public health risk”** below.
16. **“County Health Administration”** means both the Local Leadership and the County Health Team responsible for the administration of the public health laws, as established under § 4.3 and § 4.4 respectively.
17. **“County Health Officer”** means a medical practitioner appointed in accordance with § 4.3 and §4.4 of this Title.
18. **“Dollar”**, without further explanation, means the US dollar or its Liberian dollar equivalence.
19. **“Dispense”** means the interpretation and evaluation of a prescription; selection, manipulation, or compounding of medicines; the labeling and supply of the medicines in an appropriate container according to pharmaceutical practice; and the provision of information and instruction to ensure the safe and effective use of medicine by a patient.
20. **“Director General”** means Director General of the National Public Health Institute of Liberia.
21. **“Distribute”** means to sell, offer to sell, expose for sale, give, supply, exchange, convey, consign, deliver, furnish, or transfer possession for commercial purposes, or offer to do so, whether for a fee or other consideration or as a sample, gift, prize, or otherwise without charge.
22. **“Drain”** means any device for carrying away surplus water or sewage from one building or premises to a cesspool or other similar receptacle designed for drainage from two or more buildings or premises. **“Drain”** includes, but is not limited to, any pipe or channel, whether open or closed, used or intended to be used for drainage of land. **“Drain”** also includes any appurtenances connected to or associated with the device.
23. **“Dwelling”** means any house, room, shed, hut, cave, tent, shelter, vehicle, vessel or boat or any other structure or place whatsoever, any portion thereof used by any human being for sleeping or in which any human being lives.
24. **“Earth closet”** means a pit latrine, privy or a closet having a moveable receptacle for the reception of aecal matter.
25. **“Embargo”** means the sequestration of any animal, article or thing for the purpose of protecting the public health.

26. **“Environmental health technician or Public Health Inspector”** means a licensed person who has attained, at a minimum, a diploma in environmental health.
27. **“Environmental Health Practitioners”** includes Environmental Health Technicians or Inspectors and Environmental Health Officers (persons who have attained higher levels of training and education in the field of Environmental Health. Environmental Health Practitioners are responsible for carrying out measures for protecting public health, including administering and enforcing this Title and regulations made pursuant to it and providing support to minimize health and safety hazards.
28. **“Erect”** in reference to a dwelling or a room includes building, improving, altering, adding to, or converting into, and "erected" has a corresponding meaning.
29. **“Establishment”** means a place of business or non-profit engagement where it is likely or expected that members of the public shall from time to time gather, transit or be present. Establishments include hotels, motels, guest houses, schools, recreational facilities, stores, supermarkets, shops of all kinds, beauty parlors, barbers, hair-dressers and such other places as may be from time-to-time determined by the Minister.
30. **“Factory”** means any premises where steam, water, electricity, or other mechanical power is used for the purposes of manufacturing.
31. **“Focal person”** is the designated representative from the Ministry of Health to another agency, institution or department/division. It also refers to a representative from such other agencies, institutions or departments/divisions to the Ministry of Health for coordination or collaboration.
32. **“Funeral director”** means any person who takes charge of a dead body for the purpose of burial, cremation, removal or other disposition.
33. **“Guardian”** means any person having custody and control of a child, whether or not such person is appointed pursuant to the procedures in Chapter 16, Subchapter F of Title 1, the Civil Procedure Law of Liberia.
34. **“Government”** means the government of the Republic of Liberia.
35. **“Health”** means a condition of general wellbeing of humans, animals, plants and the environment, that makes them safe for their regular or customary use or interaction, as well as mistaken or accidental situations that may occur. It also refers to activities intended to ensure that those conditions exist, or if they are threatened, restored.
36. **“Health Care”** means services provided by health care providers in the formal health system for prevention or treatment of mental or physical diseases or conditions.
37. **“Health Care Provider”** means a person, whether natural or legal, entitled under this Title to provide health care services. Health Care Providers include accredited institutions/facilities, physicians, registered nurses, paramedical staff and other trained and accredited medical staff.
38. **“Health Center”** means a local or community based health facility that provides primary health care and ambulatory services. Health centers provide approaches to improve the health status of communities as well as social and enabling services to the population.

39. **“Health Personnel or health worker”** refers to a person providing or in training to provide health care services, whether professional or non-professional including voluntary unpaid workers.
40. **“Health professional”** means a licensed individual accredited by a professional body upon completing a course of study, to practice a health related profession such as dentistry, medicine, nursing, midwifery, occupational health, Pharmacy, physical therapist or such other person as may be specified to be a medical or allied health professional under Part VII, Chapter 36 of this Title.
41. **“Hospital”** means a health care institution that has an organized medical and other professional staff, and inpatient facilities, and delivers medical, surgical, nursing and related services to the sick, injured or infirm.
42. **“Informed Consent”** means an agreement by a competent person to accept admission or treatment that the person makes freely, without threat or improper inducements, and that is made after the person is provided with adequate information in a language and/or manner understandable by such person regarding the admission or treatment, including but not limited to information regarding the purpose, method, likely duration, expected benefits, possible side-effects and risks, alternatives, and the right to refuse admission or treatment.
43. **“Inpatient”** means a person admitted to a hospital or other licensed health care facility for purposes of diagnosis, care, treatment, habilitation, or rehabilitation.
44. **“Land”** Means the unmovable portions of the earth’s surface which generally consists of the soil and any space above the soil that is needed for the construction and/or use of any building inclusive of attachments by the possessor.
45. **“Latrine”** includes privy, urinal, earth closet and toilet.
46. **“Licensure”** refers to the process sanctioned by law of granting exclusive power or privilege to persons meeting established standards, which allows them to engage in a given occupation or profession and to use a specific title.
47. **“Physician”** a person who holds a Doctor of Medicine (MD) degree and is currently licensed to practice medicine in Liberia pursuant to Part VIII of this Title. Herbalists or "native doctors" are excluded under this term.
48. **“Local Authority”** refers to the Local Leadership as appointed under Subsection 4.3 or an individual member thereof.
49. **“Manufacture”** means the activities and operations involved in the:
production, preparation, processing, compounding, mixing, formulating, filling, refining transforming, packing, packaging, re-packaging or labeling of products for the purpose of distribution or sale.
50. **“Manufacturer”** refers to a person, natural or legal, who performs any task that constitutes all or part of the process of manufacturing. It includes any entity that, in terms of corporate or commercial structure or relationship, is associated with a manufacturer, whether directly or through an agent, including an entity that controls or is controlled by the manufacturer or that is controlled by the same entity that controls the manufacturer.

51. **“Medical malpractice”** is a conduct that occurs through a negligent act or omission by a health care professional or provider in the line of duty, which conduct causes an injury or death to a patient.
52. **“Midwife”** means a person who, having been regularly admitted to a midwifery educational program duly recognized in the county in which it is located, has been educated and trained to proficiency in the essential competencies for midwifery practice and demonstrated competency in the practice of midwifery and is legally permitted to bear the title. The practice includes, but is not limited to working in partnership with women, adolescents, families and communities to promote sexual and reproductive health of women and newborns.
53. **“Minister”** means the Minister of Health of the Republic of Liberia or his/her designee.
54. **“Ministry”** means the Ministry of Health Republic of Liberia.
55. **“NPHIL”** means National Public Health Institute of Liberia
56. **“Nurse”** means a person who has successfully completed a prescribed program of basic nursing education from an accredited institution and is licensed to perform services in the maintenance of health, prevention of illness and care of the sick. It includes the application of principles that are based on biological, physical, and social sciences and appropriate measures and executing orders concerning treatment and medication issued by a licensed or otherwise legally authorized physician or dentist.
57. **“Nurse Aide”** A person, not a nurse or midwife, who has been trained on the job at an accredited hospital, clinic or health center and certified to engage only in basic patient care under the supervision of a nurse or physician.
58. **“Nursing”**, is the independent and collaborative care of individuals (sick or well), groups and communities through promotion of health, prevention of illness, care of the physically ill or mentally ill and the care of the physically challenged in all health care and other community settings.
59. **“Occupant”** or **“occupier”** includes any person in actual occupation of land or premises without regard to the title under which he occupies it.
60. **“Offensive trade”** includes any trade which in the course of its regular operation emits noxious or offensive gases or odors, including such trade as fish-curing and soap-boiling.
61. **“Officially published”** means publication in a newspaper or official website of general circulation in the area involved and, where feasible, by radio broadcast.
62. **“Outpatient”** means a person who receives health care services or items for purposes of diagnosis, care, treatment, habilitation, or rehabilitation and who is not admitted to hospital or other licensed health care facility.
63. **“Owner”** as regards immovable property includes any person receiving the rent or profits of any land or premises from any tenant or occupier thereof, or who would receive such rents or profits if such land or premises were let, whether on his own account or as an agent for any person entitled thereto or interested therein. The term includes any lessee, superintendent, overseer or manager of such lessee residing on the holding.

64. **“Permit”** means a written authorization to carry on specified activities as regulated by this title.
65. **“Permittee”** means a person who holds a valid permit.
66. **“Person”** means natural person or legal person.
67. **“Pharmacy”** any establishment or institution in which drugs, medicines or medicinal chemicals are compounded, dispensed or offered for sale; or a sign is displayed bearing the word or words "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "medicine store," "drug sundries," "prescriptions filled," or any similar words intended to indicate that the practice of pharmacy is being conducted.
68. **“Pharmacist”** a person who holds a degree in pharmacy and is licensed to practice pharmacy.
69. **“Port of Entry”** means all seaports and airports, as well as land borders identified by the Liberia Immigration Service (LIS).
70. **“Practice”** refers to the exercise of any of the health professions enumerated in this title including Traditional and Alternative/Complementary Medicine. It also means, in the case of Traditional and Alternative/Complementary Medicine, the place where such practice is conducted.
71. **“Prejudicial to health”** means injurious or likely to cause injury to health.
72. **“Premises”** refers to any building, hut or tent, together with the land on which it is situated, including any vehicle, conveyance, or vessel on the same land. It includes any adjoining land that may be used in connection with the primary premises.
73. **“Privy”** means a small building comprising a facility for urinating or defecating which is not water-flushed or connected to any sewage disposal system.
74. **“Proclaimed place”** means any place, within or beyond the borders of the Republic, officially declared by the President to be infected with a formidable epidemic disease or from where a formidable epidemic disease is liable to be brought or carried.
75. **“Public building”** means a building used or constructed or adapted to be used either ordinarily or occasionally as a place of public worship or as a hospital, college, school, theater, public hall, or as a public place of assembly for persons admitted by tickets or otherwise, or used or adapted to be used for any public purpose.
76. **“Public Health”** means the improvement of the health of individuals in the context of the wider health of the community.
77. **“Public Health Emergency”** means an occurrence or imminent threat of an illness or health condition, caused by bio terrorism, epidemic or pandemic disease, or (a) novel and highly fatal infectious agent or biological toxin, that poses a substantial risk to a significant number of human facilities or incidents or permanent or long-term disability which requires the Minister to declare a state of public health emergency as advised by the National Public Health Institute.
78. **“Public Health Emergency of International Concern”** means an extraordinary event which is determined to constitute a public health risk to other nations through the

international spread of disease and to potentially require a coordinated international response.

79. **“Public Health Risk”** includes the definition provided under Article 1 of the International Health Regulations (2005) or its amendatory article. It also means a situation that is likely to cause:
- (a) an immediate threat to human life,
 - (b) an immediate threat of serious physical injury,
 - (c) an immediate threat of serious adverse health effects, or
 - (d) a serious risk of damage to the environment that could impact public health if no immediate action is taken.
80. **“Public Immunizer”** refers to a person trained by or trained under the authority of the Ministry and authorized to administer immunizing agents against communicable diseases, particularly poliomyelitis, smallpox and measles and other immunizable diseases. A public immunizer need not be a licensed physician but must have the knowledge and technical skills needed to administer such immunizing agents.
81. **“Public latrine”** means any latrine to which the public is admitted on payment or otherwise.
82. **“Public vehicle”** means every vehicle which plies or stands for hire, or is from time to time let out for hire or is intended to be let out for hire and includes any railway coach or aircraft.
83. **“School”** means and includes any public, private or parochial day nursery, nursery school, kindergarten, elementary school, junior high school, advanced or secondary school or high school.
84. **“Sewer”** means an artificial subterraneous conduct, other than a drain, used to carry off surplus water and waste matter.
85. **“Slaughterhouse”** means any premises set apart for the purpose of slaughter by County Health Administration or other governmental agency.
86. **“Surveillance”** means the keeping of a person under medical observation. Persons under such surveillance may be required by the duly authorized health officer to remain within a specified area or to seek medical examination at specified places and times. The term also refers to an ongoing systematic collection and analysis of data and the provision of information which leads to action being taken to control diseases, usually diseases of infectious nature.
87. **“Street”** means any highway, road, or sanitary lane, and shall include any bridge, footway, square, court, alley or passage, whether a thoroughfare or a part of one or not, or a beach not being the property of a private owner thereunder.
88. **“Toilet”** means a facility for urinating or defecating which is, unless otherwise specified, water-flushed and which connects, directly or otherwise, with a private sewage disposal system or with a public sewage disposal system.

89. **“Trade premises”** means any premises (other than a factory) used or intended to be used for carrying on any trade or business.
90. **“Treatment”** means a health care, service, or procedure provided to a patient, designed to maintain or treat a patient’s physical or mental health condition whether curative or preventative.
91. **“Urinal”** means a facility for urinating which is, unless otherwise, with a private disposal system or with a public sewage disposal system.
92. **“Vehicle”** means every means of conveyance or of transit or parts thereof manufactured for use or capable of being used on land, water, or in the air and in whatever way driven or propelled or carried.
93. **“Veterinary Surgeon”** A licensed medical professional who provides medical and surgical care for animals.
94. **“Water closet”** means a facility for urinating or defecating which is unless otherwise specified, water-flushed and which connects directly or otherwise, with a private sewage disposal system or with a public sewage disposal system.
95. **“Workplace”** means a place, whether or not in a building or structure, where employees or self-employed persons work; but save as aforesaid, includes any place in which persons are employed otherwise than in domestic service.
96. **“Workshop”** means any building or part of a building in which manual labor is exercised for purposes of trade.

§ 1.3. Guiding Principles

The exercise of all powers and authority granted by this Title shall conform to the following guiding principles:

1. *Public health purpose:* The exercise of any public health authority or power should measurably further or support improving or sustaining the public health;
2. *Scientifically-sound practices:* Whenever possible, the Minister, the NPHIL, County Health Director or Local Authority, and all other health authorities shall exercise their authorities or powers through procedures, practices, or programs that are based on modern, scientifically-sound principles and evidence;
3. *Well-targeted interventions:* Interventions shall be well-targeted to accomplish essential public health goals. The Minister, Director General, County Health Director and all Local Authorities shall avoid using compulsory power in a manner that applies to more individuals than necessary for the public’s health;
4. *Least Restrictive Alternative:* If in giving effect to this Title, alternative measures are available which are equally effective in minimizing the risk that a person poses to public health, the measure which is the least restrictive of the rights of the person should be chosen;
5. *Nondiscrimination:* The Minister, Director General, County Health Director, County Health Administration and all other health sector administrators shall not discriminate in an

unlawful manner against individuals on the basis of their race, ethnicity, nationality, religious beliefs, sex, sexual orientation, or disability status;

6. *Respect for Dignity*: The Minister, Director general, County Health Director and County Health Administration and all other health sector administrators shall respect the dignity of each individual under their jurisdiction, regardless of his/her nationality, citizenship, or residency status; and
7. *Community Involvement*: Protecting the public's health requires ongoing public health education and outreach to encourage, facilitate, and promote community participation in accomplishing public health goals. Though the principles support an ethic of voluntarism in public health practice, the Act authorizes the use of compulsory powers as well, and provides for potential criminal and other sanctions against those whose actions may pose a danger to the public's health.

Chapter 2. GENERAL PERMIT PROVISIONS

§ 2.1. *Scope*

§ 2.2. *Applications: Procedure, contents, issuance*

§ 2.3. *Expiration date of permits and fees*

§ 2.4. *Permits not transferable; exception*

§ 2.5. *Permit to be visibly kept on premises; mutilation prohibited*

§ 2.6. *Conditions of permit to be observed; suspension and reinstatement*

§ 2.7. *Revocation*

§ 2.8. *Denial, suspension and revocation: when effective*

§ 2.1. Scope

The provisions in this chapter apply to requirements for the issuance, renewal, suspension and revocation of permits required in this title. This chapter does not apply to permits that are issued by other government authorities, such as the Liberian Health Professions Council, the NPHIL, or the LMHRA. This chapter also does not apply to permits for burial, cremation, and transportation of dead bodies.

§ 2.2. Applications: Procedure, contents, issuance

The following requirements apply to the application for issuance and renewals of permits:

1. Application for issuance or renewal of a permit shall be made on forms furnished by the Minister. The forms must be signed (i) by the individual who is to be the permittee, or (ii) if a partnership or group other than a corporation is to be the permittee, by one authorized individual who is a member of the group, or (iii) if a corporation is to be the permittee, by an officer of the corporation.
2. An applicant must be 21 years of age or over. The Minister may waive this requirement for an applicant who is 18 years of age or over and under 21 years of age if the Minister determines that the applicant is sufficiently competent and responsible as to assure that the

public health will not be jeopardized if a permit is granted for the business, trade, occupation or other activity for which he/she, his/her group, or corporation is applying.

3. The application shall be signed by the applicant. By signing the form, the applicant agrees to assume responsibility for the conduct of the business, occupation or other activity concerned in accordance with the requirements of this title.
4. The application shall include any information specifically required by the applicable Sections of this title. In addition, the Minister may require additional information, evidence or documentation including:
 - (a) The name, age, sex, residence and business address of the applicant, and if the applicant is a partnership or other group, of each member of such partnership or group, and if the applicant is a corporation, of each officer of the corporation.
 - (b) The ability of the applicant, or of its individual members or officers, to read and write English.
5. To the extent that such information is relevant to the conduct of the business, trade, occupation or other activity under permit, information concerning the applicant, its individual members or officers, relating to education, training or experience, moral character, physical health, addiction to alcohol or habit-forming drugs, history of prior criminal conviction, including violations and offenses, history of mental illness and record of insolvency or bankruptcy;
6. The Minister shall not issue a permit unless he/she is satisfied that the applicant will comply with the applicable requirements of this title.
7. That applicant for a permit will receive permit or notice of denial no later than 14 days from date of application

§ 2.3. Expiration date of permits and fees

1. The Minister, in consultation with the Ministry of Finance & Development Planning, and the Liberia Revenue Authority, shall adopt regulations specifying applicable permit fees. Applications for issuance of permits and renewals shall be accompanied by proof of payment.
2. Except as otherwise provided by law, all permits issued under the provisions of this chapter shall be valid for a period of one year from the date of issuance, provided that permits issued for specific activities lasting for less than one year shall be valid for the duration of the activity for which issued.

§ 2.4. Permits not transferable; exception

Any purported or attempted transfer of a permit to a person not named as permittee, or any relocation of the place of business stated in a permit without prior notice to the issuing authority, automatically revokes such permit. When a permit is issued to two or more individuals, to a partnership or to a group other than a partnership, and one or more of the individuals concerned ceases to be active in the conduct of the business or activity or otherwise ceases to be a

permittee, the Minister may approve, in writing, the continuation of the business or activity by the remaining permittees during the unexpired period of such permit.

§ 2.5. Permit to be visibly kept on premises; mutilation prohibited

A permit shall be kept on the premises designated on the permit. It shall be placed in a clean, transparent cover or frame and displayed in such a manner as to be clearly visible to the public. It shall be available for inspection at all times. No person shall mutilate, obstruct or tear down a permit.

§ 2.6. Conditions of permit to be observed; suspension and reinstatement

1. A permittee shall comply with the conditions contained in the permit, if any, as well as with all applicable provisions of this title.
2. The Minister is authorized to suspend immediately any permit issued under authority of this chapter if it is found that any of the conditions of the permit have been violated. The Minister shall provide the permittee with written notice of the suspension, which shall include information about the permittee's right to apply for reinstatement.
3. The holder of a permit so suspended may apply for the re-instatement of such permit at any time. Upon receiving an application for re-instatement, the Minister shall hold a hearing and inspect the establishment involved. The Minister shall reinstate the permit upon determining that adequate measures have been taken to comply with and maintain the conditions of the permit, as originally issued or as amended.

§ 2.7. Revocation

The Minister, after notice and hearing, may revoke any permit for willful or continued violation of the provisions of this title or for such other reason as he/she determines creates a public health risk. All permits revoked pursuant to this Section shall be surrendered to the Minister.

§ 2.8. Denial, suspension and revocation; when effective

The action of the Minister in denying issuance of a permit, or suspending or revoking a permit, shall become final three days after service of notice thereof on the applicant or permittee concerned.

Chapter 3. PROVISIONS FOR REVIEW OF ADMINISTRATIVE DETERMINATIONS

§ 3.1. Administrative appeals from determinations made under provisions of title; exceptions; stays pending appeal.

§ 3.2. Office of Administrative Appeals created to conduct reviews.

§ 3.1. Administrative appeals from determinations made under provisions of title; exceptions; stays pending appeal

1. *Right established.* Except for determinations made by NPHIL and other autonomous or semiautonomous entities, which shall be subjected to their respective regulations on appeal; and for decisions of local authorities for which provisions regarding administrative appeals are set forth in Sections 4.14 and 4.15, any person aggrieved by an order, decision, direction, notice or other initial administrative determination made under the provisions of this title may appeal to the Minister for an administrative review of any such administrative determination. In order to initiate the appeal, the aggrieved person must serve a written notice of appeal upon the Minister within thirty (30) days following the service upon him of a copy of any such administrative determination. Notwithstanding, however, appeals from administrative decisions at autonomous and semiautonomous entities shall not become final unless they have been reviewed by the Minister as sector head.
2. *Stay of determination.* Until the decision on the appeal is made, the order, decision, direction, notice or other initial administrative determination appealed from shall remain in full force and effect. The chairperson of the Appeals Board or the Appellate Review Officer designated or appointed to hear and report on the matters to be presented on the appeal, by an order in writing, may direct that it be stayed during the pendency of the appeal.
3. *Administrative review and enforcement of final determination.* Administrative review of final determinations made by the Appeals Board, and enforcement of such final determinations in the absence of any timely request for administrative review, shall be in accordance with Sections 82.3, 82.4, and 82.5 of the Administrative Procedure Act or its succeeding legislation.
4. The right to judicial review of decisions made under this Title shall remain inviolate.

§ 3.2. Office of Administrative Appeals created to conduct reviews

1. A Board of Appeals is hereby created for the purpose of hearing appeals perfected under § 3.1 above. The Board shall be subject to the authority and direction of the Minister and shall be composed of the Deputy Minister for Administration or his/her designee and Appellate Review Officer(s) from the Office of General Counsel. When necessary, the Minister may designate other qualified employees to serve as Appellate Review Officers.
2. In no cases shall an appeal be heard by a single Appellate Review Officer or by an even number of officers. The Deputy Minister for Administration, in addition to being required to assign appeals expeditiously for hearing in accordance with statutory requirements and the applicable regulations, shall act as Appellate Review Officer to the extent his/her other duties permit. No employee of the Ministry who has made the initial administrative determination in the appeal involved or any employee, who has made an initial administrative determination in a factually related matter, shall act as Appellate Review Officer.
3. The Appellate Review officer shall conduct the hearing in accordance with Sections 82.3, 82.4, and 82.5 of the Administrative Procedure Act and its succeeding legislation. The

Appellate Review Officer shall hear the appeal and submit a report to the Minister that includes the Officer's written findings of fact and conclusions. The Officer shall also provide to the Minister all documents and other evidence involved in the hearing, including the exhibits which were offered in evidence, whether or not they were admitted in evidence or used in the hearing. The Minister shall make the final determination based on the report and the information provided by the Officer and shall issue the determination in writing. The Minister may act as the Appellate Review Officer in specific cases.

Chapter 4. ADMINISTRATION

§ 4.1. Scope

§ 4.2. Duties of the Minister

§ 4.3. Local Leadership

§ 4.4. County Health Team (Team)

§ 4.5. District Health Teams

§ 4.6. County Health Administration permitted to initiate local regulations

§ 4.7. Right of Officials to enter premises

§ 4.8. Power of County Health Administration to seize, embargo, condemn and dispose of prohibited materials

§ 4.9. Obstruction of personnel in performance of duties

§ 4.10. Contents of notice or order requiring execution of work

§ 4.11. Defects in form of notice or order to be disregarded

§ 4.12. Persons authorized to authenticate notices and other documents to be issued by County Health Administrations

§ 4.13. Service of notices and other documents under this title

§ 4.14. Administrative review by County Health Directors of initial determinations of County Health Administration

§ 4.15. Special rules governing appeals from notices requiring the execution of work

§ 4.16. Execution of work by County Health Administration and recovery of expenses

§ 4.17. Debt action to recover sums due; does not preclude other remedies

§ 4.18. Liens on premises as to which expenses have been incurred by County Health Administration

§ 4.19. Members and duly authorized agents of County Health Administration not liable personally

§ 4.1. Scope

This chapter outlines the roles of the Minister, the Director General, local governments, county health teams, County Health Administrations, district health teams, and others in administering the laws in this title.

§ 4.2. Duties of the Minister & Other sector Heads

1. The Minister shall promote, preserve, and maintain a comprehensive, functional and sustainable public health system in Liberia for the purpose of preventing and controlling communicable diseases and other conditions of public health importance.
2. The Minister shall:
 - (a) Oversee administrative review of any administrative decision made under the provisions of this Title as set forth in Chapter 4.
 - (b) Appoint and oversee County Health Administration as set forth by the provisions of this Title.
 - (c) Collect information regarding events of public health importance including reports required by Section 7.3. Any events that may constitute a public health emergency shall be reported in compliance with the International Health Regulations (2005).
 - (d) Make and Promulgate regulations.
 - (e) Take all lawful and reasonable measures necessary to prevent the occurrence of or deal with any epidemic or communicable disease.
 - (f) Exercise any other powers or perform any other duties in respect of the public health as set forth in this Title or in any other written law.
3. The Minister may consult any County Health Administration in any case where the County Health Administration has been given jurisdiction over any public health matter.
4. Other Sector Heads

The heads of all other sector entities including the NPHIL, LHPC, the LMHRA and any other sector entities existing now or hereafter shall have the duty of implement this title in keeping with their respective statutory mandates and functions

§ 4.3. Local Leadership

1. *Composition.* For the purposes of this Title, the Local Leadership shall be comprised of the three highest ranking members of the governing body for the jurisdiction as determined by law. In any area where no such governing body exists, the Minister may designate three qualified persons to act as a Local Authority for that area.
2. *Jurisdiction and Mandate.* Each township, city, administrative district, chiefdom, clan, and general town shall have a Local Authority which shall be the governmental body responsible in its political unit for administration of the public health laws under the authority and direction of the Minister.
3. *Duties*
 - (a) Promote public health standards within their respective jurisdictions and address special health problems arising in their areas in accordance with this Title.
 - (b) Perform any other duties as required by this Title or as may be assigned by the Minister.
4. *Oversight and Limitations*

- (a) The Local Authority in each county shall act under the immediate supervision of the County Health Team. They shall report to the County Health Director monthly on the public health conditions in their jurisdiction and shall report to the County Health Director immediately in case of public health emergency or public health risk.
- (b) The Minister may supersede any Local Authority in any case where such Local Authority has been given jurisdiction over any public health matter.

§ 4.4. County Health Team

1. *County Health Director*

- (a) The Chief Medical Officer/Deputy Minister for Health Services shall, subject to the authority of the Minister, appoint a County Health Director (CHD) in each county who shall be the head of the County Health Team. The CHD must be a licensed physician (Medical Doctor) with at least a Masters degree in Public Health.

(b) *Duties and Powers of the County Health Director*

The County Health Director shall:

- i. Supervise the provision of health services in the county of assignment
 - ii. Promptly bring to the attention of the Minister any circumstance that constitutes a danger to public health in his jurisdiction.
 - iii. Supervise Local Authorities as set forth in this Title.
 - iv. Collect and transmit to the Minister reports received by him pursuant to the provisions of this Title.
 - v. Issue local regulations where necessary to effectuate the laws relating to public health within their respective jurisdiction, in accordance with this Title and with approval of the Minister. The County Health Director may, at their discretion, consult the Local Authority for input into the regulation.
 - vi. Delegate the above duties and associated powers to members of the county health team as the CHD deems necessary.
 - vii. Perform any other duties as required by this Title or as may be assigned by the Minister.
- (c) The CHD will report to the Chief Medical Officer. All members of the County Health Team shall report to the CHD. The CHD shall be responsible for administration and enforcement of the laws in this title in the county. The CHD must promptly notify the Minister of any circumstance which constitutes a public health risk in his/her jurisdiction.

2. *Leadership Team.* There shall be appoints to the following leadership positions in accordance with this Chapter.

- (a) *County Medical Officer.* The Chief Medical Officer/Deputy Minister for Health Services shall, subject to the authority of the Minister, appoint a County Medical Officer who must be a licensed physician. The County Medical Officer is the senior medical technician of the county who supervises all curative medical services. A

CHD may also temporarily serve as the County Medical Officer in the absence of the County Medical Officer.

- (b) *County Pharmacist.* The Chief Medical Officer/Deputy Minister for Health Services shall, subject to the authority of the Minister, appoint a County Health Pharmacist (CHP) for each county. The County Health Pharmacist must be a licensed pharmacist and shall be the principal deputy to the CHD who shall have oversight responsibility to supervise and monitor all pharmaceutical related activities in the county.
- (c) *County Public Health Officer.* The Chief Medical Officer/Deputy Minister for Health Services shall, upon the recommendation of the Director General of the NPHIL and subject to the authority of the Minister, appoint a County Public Health Officer (CPHO) in each county. The (CPHO) must have a degree in public health and shall be responsible for other public health functions in the county including but not limited to preventive health, integrated disease surveillance response, International Health Regulations, public health and biomedical research, environmental health, sanitation, and port/border health.
- (d) *County Health Services Administrator.* The County Health Services Administrator (CSHA) shall be appointed by the Deputy Minister for Administration (DMA), subject to the authority of the Minister. He/she shall be responsible for all administrative functions including but not limited to logistics, procurement, finance, and human resources.
- (e) *County Nursing and Midwifery Officer.* The County Nursing and Midwifery Officer (CNMO), who shall be similarly appointed as the CHD and County Pharmacist, shall be the principal advisor to the CHT on all matters relating to nursing and midwifery services in the county with a particular authority and expertise in advancing, leading and advising on matters that promote a healthier country. Additionally, the CNMO shall:
 - i. provide strategic advice and develop policies and initiatives which support the delivery of health priorities and achievement of health objectives;
 - ii. provide a high-level monitoring and response functions relating to key countywide nursing and midwifery indicators;
 - iii. building countywide capacity and sustainability in both professions and assist CHT make policy decisions at all levels of health-care services; and
 - iv. facilitating the development of nursing and midwifery best-practice models across all levels of nursing and midwifery within the county including leadership, management, education, clinical and decision making.
- (f) *County Diagnostic Officer.* The CMO/Deputy Minister for Health Services shall likewise appoint a County Diagnostic Officer in each county. The County Diagnostic Officer in each county shall be responsible for clinical laboratory for including but not limited to the following:
 - i. evaluate and instruct work plan document preparation;
 - ii. supervise overall planning of laboratory programs and the junior level laboratory practitioners;

- iii. upgrade laboratory technologies, techniques, skills and protocols whenever required;
 - iv. implement laboratory safety and quality control, make decisions on emergency actions during epidemic disease outbreaks;
 - v. coordinate the functioning of laboratories;
 - vi. monitor junior level staff; and
 - vii. maintain and update laboratory database.
 - viii. The County Diagnostic Officer shall not be responsible for Public Health Laboratories which shall be maintained or established and operated by NPHIL and shall work in coordination with the National Health Laboratory System.
3. *Environmental Health Technicians (EHTs)*. The Chief Medical Officer/Deputy Minister for Health Services shall, upon the recommendation of the Director General of the NPHIL and subject to the authority of the Minister, appoint as many environmental health technicians for each county as are deemed necessary for the prompt and efficient administration of this title. Environmental Health Technicians shall, not excluding other law enforcement officers, be responsible for administration and enforcement of Part II (Control of Acute Communicable Diseases and Conditions); Part III (Environmental Sanitation); Chapter 32, Subchapter C (Control of Tobacco & Tobacco Products); and any other components of this Title requiring enforcement.
 4. *Port Health Officers*. The Chief Medical Officer/Deputy Minister for Health Services shall, upon the recommendation of the Director General of the NPHIL and subject to the authority of the Minister, appoint in each port of entry an official to be known as Port Health Officer, who shall be responsible for the enforcement of quarantine and other health laws at the port of entry to which he/she has been assigned. A Port Health Officer shall be an environmental health practitioner.
 5. *District Health Officers*. The County Health Officer in each county, in consultation with the CMO, shall appoint a District Health Officer for each health district for prompt and efficient administration of this title. District Health Officers shall be responsible for administration and enforcement of this title in their jurisdiction. They shall report to the CHDs.
 6. *Other positions* The CMO, DMA, and Director General may, given their respective mandates and responsibilities, appoint or hire other public health, technical or administrative staff to support the County Health Team as necessary to ensure prompt and efficient administration of this title. All such appointments shall follow the provisions of this Chapter.

§ 4.5. District Health Teams

Notwithstanding any other provision of this Title, the Minister may appoint public health and administrative staff to serve on the District Health Teams as necessary to ensure prompt and efficient administration of this title. District Health Team members shall report to the District Health Officer, who shall report to the County Health Director.

§ 4.6. County Health Administrations permitted to initiate local regulations

1. County Health Administrations may initiate local regulations where necessary to effectuate the laws relating to public health within their respective jurisdictions and for dealing with special health problems arising in their areas. Such local regulations shall in no case run contrary to the provisions of this Title or other applicable law. This provision shall not be construed as granting a County Health Administration to adopt a regulation on a topic addressed in this Title when this Title provides a complete and integrated regulatory scheme for addressing the same public health concern.
2. To become effective, such regulations must be made available to the public for review and approved by the Minister. At least twenty-eight days before the formal submission to the Minister, the County Health Team shall officially publish a notice setting forth a summary statement of the proposed regulations and specifying some convenient place at which complete copies may be seen at least twenty-eight days after the notice is published, the County Health Team shall submit the regulations to the Minister for approval. If approved by the Minister, the regulations shall be officially published in full and thereupon such regulations shall have the force of law in the area administered by the County Health Administration which submitted them.

§ 4.7. Right of officials to enter premises

Subject to the limitations set forth in this Title, any County Health Director or environmental health practitioner, or any person, including police officers, generally or specifically authorized in writing by the Minister, the Director General of the National Public Health Institute of Liberia, the County Health Director, County Health Administration or other appropriate health authority, may enter any land or premises. The following limitations apply:

1. The authorized government official may enter land or premises to make an inspection or to perform any work or to do anything which is required or authorized by this title.
2. The authorized government official may only enter the land or premises for one of the purposes stated above if the work is necessary for or incidental to the performance of his or her duties or the exercise of his or her powers under this title.
3. Unless a public health risk exists, the government official seeking entry must provide the owner or occupant of the land or premises with written notice 24 hours in advance. If there is reasonable cause to believe a public health risk exists, the government official may enter the land or premises immediately.

§ 4.8. Power of County Health Administration to seize, embargo, condemn and dispose of prohibited materials

The County Health Administration may seize, embargo, or condemn a food, drug, therapeutic device, article or thing that presents a public health risk, subject to the following limitations:

1. The County Health Team may determine that the material presents a public health risk if there is reasonable cause to believe that the material is unfit for consumption or use, or is in a condition or is of a kind or quality prohibited by any of the provisions of this Title, or is not labeled as required by any of the provisions of this title, or contains false or

misleading labels, or is adulterated (as defined in Section 23.3) or misbranded, or is otherwise prejudicial to the public health.

2. If the County Health Team determines that the material presents a public health emergency, it must take action immediately to seize, embargo or condemn the material. The Team may destroy or otherwise dispose of the material or it may direct the owner or person in charge of the material to destroy or dispose of the material.
3. If the County Health Team determines that the material presents a public health risk but the risk does not rise to the level of a public health emergency, it must:
 - (a) Place a tag on the material indicating that the material may present a public health risk and must not be eaten, sold, or provided to the public;
 - (b) Notify the owner or person in charge of the material that the material has been tagged and that it must not be eaten, sold, or provided to the public until the final determination related to the seizure, embargo, or condemnation; and
 - (c) Contact the County Health Director for a review of the determination that the material presents a public health risk. If the County Health Director or the Director's designee approves of the determination, the County Health Administration shall notify the owner or person in charge of the material that the determination has been approved and that the determination may be appealed pursuant to §4.14. If the owner or person in charge of the material does not request an appeal within thirty (30) days, the determination is final. Once final, the Authority may destroy or otherwise dispose of the material or it may direct the owner or person in charge of the material to destroy or dispose of the material.
4. If the County Health Team determines that material consists in part of materials that do not present a public health risk and which may be salvaged, it may permit the owner or person in charge of the material to separate the salvageable portions or to bring such materials into compliance with the provisions of this title at the place of embargo or other place acceptable to the Team.
5. When seized, embargoed or condemned material is not destroyed by the County Health Team, it shall be returned to the owner or person in control after it has been rendered harmless.
6. All activities carried out pursuant to this Section shall be done in a manner consistent with maintenance of public health, giving due regard to the property rights of the owner or person in control of the affected material.
7. The rights of owners of seized, embargoed or condemned materials to administrative appeal or judicial review as provided in this Title shall remain inviolate.

§ 4.9. Obstruction of personnel in performance of duties

1. No person shall interfere with, hinder or obstruct personnel of the Ministry, including personnel of the County Health Administrations, and personnel of any health sector entity (autonomous or not) in carrying out a lawful inspection, survey or examination, or in the

performance of any other duty vested in the Minister or the County Health Administrations.

2. No person shall refuse access to such personnel when access is authorized by this title.
3. No person shall refuse to provide information to such personnel when disclosure is required by this title.
4. No person shall knowingly provide false or misleading information to such personnel.
5. No person shall prevent the owner, occupant, any person in interest, or their agents from entering any premises for the purpose of complying with a requirement of this title.

§ 4.10. Contents of notice or order requiring execution of work

A notice or order requiring the execution of work under this title shall state the violations involved and the corrective action to be taken and fix the time within which it is to be executed.

§ 4.11. Defects in form of notice or order to be disregarded

No defect in the form of any notice or order made under this title shall invalidate or render unlawful the administrative action taken or be a ground for exception to any legal proceedings which may be taken in the matter to which such notice or order relates, provided the requirements thereof are substantially and intelligibly set forth.

§ 4.12. Persons authorized to authenticate notices and other documents to be issued by County Health Administrations

Any notice, order, consent, demand, complaint or other document, which is required or authorized to be issued by a County Health Team under this title, may be signed or authenticated on behalf of the Team by:

1. the person or persons constituting the Team; or
2. the executive officer thereof; or
3. any administrative or other employee authorized by the Team in writing to sign or authenticate the documents; or
4. an environmental health technician assigned to the area over which a County Health Team has jurisdiction.

§ 4.13. Service of notices and other documents under this title

A notice, order, demand, complaint or other document required or authorized to be served under this title must be served, unless otherwise specifically provided elsewhere in this Title, as provided for under Chapter 3 of the Civil Procedure Law.

§ 4.14. Administrative review by County Health Directors of initial determinations of County Health Administration

1. *Right to administrative appeal established.* Within the limitations set forth in Section 4.15, any person aggrieved by an order, decision, direction, notice or other initial administrative determination of a County Health Administration may appeal to the County Health Director of the County in which the County Health Administration is located. Such County Health Director shall act as the Appellate Review Officer except when he/she has made the initial administrative determination in the appeal involved, in which event the Minister shall appoint a qualified employee of the Ministry to act as the appellate review officer in his place and stead. The appellate review officer may affirm, reverse or modify the orders, decision, direction, notice or other initial administrative determination.
2. *Procedure.* An aggrieved person may commence an appeal by filing a written notice of appeal with the County Health Administration. The notice must be provided to the Administration within 10 days after the person received notice of the order, decision, direction, notice, or other initial administrative determination. Within five days after receiving such notice of appeal the County Health Administration shall make a written return to the County Health Director. Upon receipt of such return, or if no return is made within the time specified, the Appellate Review Officer shall hear and determine the matter in accordance with Sections 82.3, 82.4, and 82.5 of the Administrative Procedure Act or its succeeding legislation. The Officer need not be confined to the evidence contained in the return but in his discretion may take additional evidence.
3. *Stay.* Until the decision on the appeal is made, the order, decision, direction, notice, or other initial administrative determination appealed from shall remain in full force and effect unless the Appellate Review Officer by an order in writing shall direct that it be stayed during the pendency of the appeal. Such orders shall be filed with the office of the County Health Director involved.
4. *Administrative review and enforcement of final determination.* Administrative review of final determinations made by Appellate Review Officer, and enforcement of such final determinations in the absence of any timely request for administrative review shall be in accordance with Sections 82.3, 82.4, and 82.5 of the Administrative Procedure Act or its succeeding legislation.

§ 4.15. Special rules governing appeals from notices requiring the execution of work

1. *Grounds of appeal.* Subject to any express modifications specified in the Section under which the notice is given, a person served with a notice requiring the execution of work under this title, may appeal on any of the following grounds:
 - (a) That the notice is not justified by the terms of the law under which it purports to have been given or made;
 - (b) That there has been some material defect or error in, or in connection with, the notice;
 - (c) That the work required by the notice to be executed is unreasonable in nature or
 - (d) extent; or
2. That the time within which the work is to be executed is not reasonably sufficient for the purpose.

3. *Joinder of other interested parties by appeal.* A person served with notice may join other parties to the proceeding as provided for under Chapter 5, Subchapter D of the Civil Procedure Law (Joinder of Parties).

§ 4.16. Execution of work by County Health Administration and recovery of expenses

1. Subject to the right of appeal pursuant to § 4.14, if the person required by a notice of a County Health Administration or an order of a court to execute work under the provisions of this title fails to comply with the requirements of the notice or order within the time specified therein, the Authority which issued the notice or initiated the court proceeding may cause the required work to be executed and in the name of the Republic of Liberia recover from that person the expenses reasonably incurred by it in so doing.
2. Every Authority shall keep at its offices a record of all costs, disbursements, advances and other expenses incurred in connection with such work and show in such record the total accounts and the premises as to which such expenses have been incurred. The Authority shall keep such record open at all reasonable times to the inspection of any person free of charge. Such record and any extract therefrom, certified by any person authorized by the Authority in any proceeding for the recovery of such expenses, shall be prima facie evidence of the matters contained therein.
3. In proceedings instituted by an Authority as herein set forth for the recovery of such expenses, it shall not be open to the person required to execute the work to raise any question which he could have raised on an appeal against the notice served on him or her to execute such work, or on an appeal against an adverse decision of a court having jurisdiction.

§ 4.17. Debt action to recover sums due; does not preclude other remedies

The Ministry, NPHIL, all health sector institutions and entities including a County Health Administration, where authorized, may, in the name of the Republic of Liberia, recover by way of an action for debt in any court of competent jurisdiction any sum to which either is entitled under this title. The institution of such action shall not suspend or bar the right to pursue any other remedy provided by law for the recovery of such sums and such action may, subject to jurisdictional limitations, be joined with the enforcement of any such other remedy or any other claim relating to the same premises.

§ 4.18. Liens on premises as to which expenses have been incurred by County Health Administrations

1. *Expenses to be a charge against premises.* When established in accordance with the provisions of Subsection (2) below, all expenses incurred by a County Health Administration for work executed under this title with respect to any premises, shall constitute a lien upon such premises. Such lien, except to the extent otherwise provided in this title, shall have priority over all other liens and encumbrances on the premises involved except taxes and assessments. The lien shall be in favor of the Republic of Liberia, which shall have all the powers and remedies conferred on mortgages with respect

thereto. All such liens shall be recorded in accordance with § 8.75 of the Property Law (Registration of Mortgages and other Liens).

2. *Establishment of lien.* Upon completion of any work giving rise to a lien hereunder, but not more than four months after such completion, the County Health Administration may file with the Registrar of Deeds of the County in which the premises involved is located a notice of lien specifying the premises affected, the authority of law pursuant to which the work was done, including the date and terms of any administrative or court notice or order authorizing the work, the date, nature and cost of each portion of the work executed, the total expended, the amount recouped from any source and the amount of expenses still outstanding, including any interest due thereon. The Registrar of Deeds shall accept as conclusive the statement in writing relating to such lien of any person duly authorized by the County Health Administration registering the lien and shall thereupon enter such notice and the amount of expenses outstanding in the appropriate volume and folio of the register indicating thereon the hour, day, month, and year of such entry. The lien, in the amount outstanding shall take effect from the time of such entry.
3. *Duration of lien.* The lien shall continue to exist for a period of two years from the date of filing and, if proceedings are commenced within that time to discharge or enforce it, until the conclusion of such proceedings. Any judgment in such proceedings for all or part of the sum claimed as a lien shall constitute a lien in the same manner and from the same date as the original lien.

§ 4.19. Members and duly authorized agents of County Health Administration not liable personally

1. A County Health Administration or any person acting under the direction of the Administration shall not be held liable personally for any action taken or contract entered into if:
 - (a) The action or contract was authorized by this title, and
 - (b) The action or contract was within the scope of that person's official duties.
2. Nothing in this Section bars an action against a County Health Administration or persons acting under his/her authority from liability in cases involving gross negligence or intentional malfeasance.

Chapter 5. SANCTIONS

§ 5.1. Civil penalties for offenses for which no other penalty is provided

§ 5.2. Enforcement of title otherwise than by prosecution or other compulsory means

§ 5.1. Civil penalties for offenses for which no other penalty is provided

Any person who is found to be in violation of this title or any regulation issued pursuant thereto for which no other specific penalty applies shall be liable to pay a civil penalty. The Minister shall adopt regulations establishing the amount of penalties. Each day of a continuing violation shall be a separate offense.

§ 5.2. Enforcement of title otherwise than by prosecution or other compulsory means

In lieu of enforcement of this title by way of prosecution, recovery of civil penalties, seizure, embargo and condemnation, and other compulsory means, the Minister, heads of sector entities (depending on their functions), and the Local Authorities under their authority and direction may seek to obtain the voluntary compliance with this title by way of notice, warning, or other educational means; this Section does not, however, require that such non-compulsory methods be used before proceeding by way of compulsory enforcement.

PART II

CONTROL OF ACUTE COMMUNICABLE DISEASES AND CONDITIONS

Chapter 6. DEFINITIONS

§ 6.1. Definitions.

§ 6.1. Definitions.

When used in this Part and in any rules made thereunder, unless expressly stated or the context otherwise requires, the following terms have the meanings indicated in this Section:

1. **“Carrier”** means:
 - (a) A person who harbors the pathogenic organisms of a communicable disease but who does not show clinical evidence of the disease, or who has not shown such evidence for a specified period of time;
 - (b) A person to whom epidemiological evidence points as the source of one or more cases, but who refuses to submit specimens of his/her bodily discharges for examination; or
 - (c) A person who is reported to the Minister to be a carrier by the health authorities of any other state, nation, or international organization of which Liberia is a member.
2. **“Case”** means, depending on the context:
 - (a) An instance of a notifiable disease or condition occurring in a person; or
 - (b) A person who shows evidence of a notifiable disease or condition.
3. **“Communicable disease”** means an illness due to an infectious agent; or its toxic products which is transmitted directly or indirectly to a well person from an affected person, animal, or arthropod, or through the agency of an intermediate host, vector or the inanimate environment.
4. **“Contact”** means a household or a non-household person:
 - (a) Household contact means a person who lives in the same premises as a case or carrier:
 - (b) Non-household contact means a person who has been in such close, prolonged or repeated association with a case or carrier as, in the opinion of the Minister, to involve a risk that may become a case or carrier.
5. **“Disinfection”** means the act of rendering anything free from the causal agents of a disease.

6. **“Disinfestation”** means the act of destroying the vectors of a communicable disease.
7. **“Exclude”** means to keep from attendance at school or work.
8. **“Formidable Epidemic, Endemic, or Infectious Diseases”** means/includes: Acute Bloody Diarrhea (Shigella), Acute Flaccid Paralysis (AFP), Cholera (Severe Acute Watery Diarrhoea- AWD), Human Rabies, Lassa fever, Measles, Meningitis, Neonatal Tetanus, Viral Hemorrhagic Fevers (including Ebola Virus Disease), Yellow Fever, Unexplained cluster of health events, Unexplained cluster of deaths, Guinea Worm (Dracunculiasis), Human Influenza (due to a new subtype), Severe Acute Respiratory Syndrome (SARS), Smallpox and other Public Health Emergencies of International Concern (PHEIC) including: infectious, zoonotic, food borne, chemical, radio nuclear, or due to other unknown emergencies; and to any other disease or condition of public health importance which the Minister may by proclamation declare to be a formidable epidemic disease or any event that may constitute a public health emergency of international concern for the purposes of this Title. Events that constitute a public health emergency of international concern shall be determined in accordance with Integrated Disease Surveillance & Response and the International Health Regulations.
9. **“Immunizable Disease”** refers to diseases such as poliomyelitis, measles, Tuberculosis, Whooping cough, Tetanus, Diphtheria, Yellow Fever, Hepatitis B virus and any other immunizable diseases, which, after an officially published notice, the Minister declares is subject to this Title.
10. **“International Health Regulations”** means the regulations as adopted by the World Health Organization Regulations No. 2 at the Fifty-Eighth World Health Assembly on May 23, 2005, and any subsequent amendments similarly adopted and subscribed to by the Republic of Liberia.
11. **“Isolation”** means to confine to a premise or, in an institution, to a room or ward under such conditions as will prevent the conveyance of a pathogenic organism from a case or carrier to persons who are susceptible or who may spread the disease
12. **“Notifiable Diseases and Conditions”** includes the following communicable diseases and conditions and any other communicable disease or condition of public health importance which, after an officially published notice as may be advised by the NPHIL, the Minister declares is a notifiable disease or condition:
 - (a) Amaebiasis
 - (b) Chancroid
 - (c) Chicken pox (varicella)
 - (d) Conjunctivitis
 - (e) Ophthalmic neonatorum
 - (f) Dengue
 - (g) Meningococemia
 - (h) Kerato-conjunctivitis
 - (i) Botulism
 - (j) Diphtheria (Whooping cough)
 - (k) Dysentery, bacillary (shigellosis)

- (l) Encephalitis
- (m) Food poisoning
- (n) Gonococcal infection (gonorrhea)
- (o) Hepatitis
- (p) Mumps
- (q) Granuloma inguinale
- (r) Impetigo of newborn
- (s) Leprosy
- (t) Narcotics addiction
- (u) Leptospirosis, including Weil's disease
- (v) Lymphogranuloma venereum
- (w) Malaria
- (x) Plague
- (y) Poisoning by drugs or other toxic agents
- (z) Psittacosis (parrot fever), including ornithosis
- (aa) Relapsing fever (epidemic or louse-borne)
- (bb) Rickettsial pox
- (cc) Salmonella infections
- (dd) Scarlet fever (see streptococcal sore throat)
- (ee) Severe Acute Respiratory
- (ff) Severe Pneumonia (5 years)
- (gg) Sexual Assault
- (hh) STIs
- (ii) Streptococcal sore throat
- (jj) Syphilis
- (kk) Tetanus
- (ll) Thrush (candidiasis, moniliasis) occurring on a newborn infant service
- (mm) Trachoma
- (nn) Trichinosis
- (oo) Tuberculosis
- (pp) Typhoid fever
- (qq) Typhus fever, including Brills Disease Urethritis, non-gonococcal
- (rr) Trypanosomiasis:
- (ss) Buruli Ulcer
- (tt) Guinea Worm
- (uu) Hydrocele
- (vv) Lymphedema
- (ww) Yaws
- (xx) Onchocerciasis
- (yy) Leprosy
- (zz) Schistosomiasis

- (aaa) Lymphatic filariasis/ Elephantiasis
 - (bbb) Scabies
 - (ccc) Human Rabbits
 - (ddd) Snakebite envenoming
 - (eee) Soil-transmitted helminthiases
13. **“Notifiable Diseases and Conditions with Epidemic Potential”** includes Acute Bloody Diarrhea (Shigella), Acute Flaccid Paralysis (AFP), Cholera (Severe AWD), Human Rabies, Lassa fever, Maternal Deaths, Measles, Meningitis, Neonatal Deaths, Neonatal Tetanus, Viral Hemorrhagic Fevers (including Ebola Virus Disease), Yellow Fever, Dengue Fever, Monkey Pox, Multidrug-resistant TB (MDR TB), Buruli Ulcer and Leprosy (when confirmed), Unexplained cluster of health events, Unexplained cluster of deaths, and any such other diseases and conditions which after an officially published notice, the Minister declares is a notifiable disease or condition with epidemic potential.
 14. **“Port Health Officers”** means a licensed Environmental Health Practitioner appointed by the CMO in keeping with this Title who shall be responsible for the enforcement of quarantine and other health laws at the port of entry to which s/ he has been assigned.
 15. **“Pratique”** means a certificate issued by a Port Health Officer in charge of quarantine, releasing or provisionally releasing a vessel or aircraft from quarantine.
 16. **“Quarantine”** means the detention of a person, vessel, aircraft, or other conveyance, animal or thing, in such place and for such period of time as specified in this Title or in regulations to be made by the Minister with respect thereto. It separates and restricts the movement of individuals exposed to a contagious disease to see if the individual develops symptoms.
 17. **“Sanitary Inspector”** means an individual appointed by the Chief Medical Officer/Deputy Minister for Health Services shall, in consultation with the NPHIL and subject to the authority of the Minister, who shall assist the County Health Administration in the political unit in which they are appointed.
 18. **“Sexually Transmitted Infection”** means syphilis, gonorrhoea, chancroid, lymphogranuloma venereum or granuloma inguinale and any other sexually transmitted infections, which, after an officially published notice, the Minister declares is subject to this Title.
 19. **“Vector”** means an animal, including insects, a plant or anything that conveys or is capable of conveying pathogenic organisms from a person or animal to another person or animal.

Chapter 7. NOTIFICATION OF HEALTH AUTHORITIES

§ 7.1. Notifiable diseases and conditions; specifications

§ 7.2. Authority of Minister to limit provisions of Title as to notifiable diseases and conditions

§ 7.3. Reporting of notifiable diseases and conditions and of exceptional cases

§ 7.4. Confidentiality of required reports and records

§ 7.5. Reporting of immediate notifiable diseases and conditions without epidemic potential

§ 7.6. *Rights of people affected by communicable diseases and conditions that do not have formidable epidemic potential.*

§ 7.1. Notifiable diseases and conditions; specifications:

The term “notifiable diseases and condition” when used in this Title refers to the diseases listed in Chapter 6.

§ 7.2. Authority of Minister to limit provisions of title as to notifiable diseases and conditions.

1. The Minister may place limits on the applicability of the provisions of this chapter. Specifically, the Minister may determine that the requirements of this chapter apply only to:
 - (a) certain notifiable diseases or conditions; and
 - (b) a certain geographic area.
2. The Minister may impose such limitations only after publishing an official notice describing the limitations.

§ 7.3. Reporting of notifiable diseases and conditions with epidemic potential.

1. Diseases required to be reported 24 hours after diagnosis. Within 24 hours after diagnosis, a report shall be made to the Minister of all cases of persons, including carriers, affected with or who show evidence of any notifiable diseases or conditions of public health importance with epidemic potential as defined in Section 6.1(12) or of persons who at the time of death were affected by such diseases or conditions, or of any other communicable disease or condition of public health importance which, after an officially published notice, the Minister declares must be reported 24 hours after diagnosis.
2. *Persons responsible for making reports.* The reports required by the provisions of Subsection (1) shall be made by physicians who attend such cases or by pathologists or coroners who have conducted post mortem examinations of such cases. When there is no physician in attendance, it shall be the duty of the head of a private household, or of the person in charge of a hospital, dispensary, clinic or other institution providing care or treatment, clinical laboratory, school, hotel, boarding house or other place of lodging, vessel or aircraft, or of any public health nurse or any other person having actual knowledge of or providing care or treatment to such cases, to so report and until official action on such cases has been taken, strict isolation shall be maintained by them.
3. *Contents, how and to whom sent.* The reports required by this Section shall be in writing and shall contain the full name, age, and sex and address of the person affected and all the facts known concerning the disease or condition, including the date of the onset of the illness, any available information as to the probable place and source of infection and any other information concerning the case required by the Minister for the protection of public

health. These reports shall be made on forms furnished by the Minister or shall contain all the information required by such forms. They shall be sent by the most expeditious means.

4. *Duty of Local Authorities and County Health Officers to transmit reports.* The Environmental Health Technician/Practitioner shall transmit to the County Health Director of the county in which the County Health Administration is located all reports received by them pursuant to the provisions of this Section within 24 hours after they receive them. Every County Health Director shall regularly transmit to the Minister, and the Director General, all original reports received by him pursuant to the provisions of this Section and those transmitted to him by the Environmental Health Technician/Practitioner assigned to Local Authorities. In lieu of the original reports, the Environmental Health Technician/Practitioner and the County Health Director shall submit summary reports when so authorized by the Minister, and when practicable, the contents of such reports shall also be immediately transmitted by telephone, telegram or radio, fax, email, or other appropriate means.

§ 7.4. Confidentiality of required reports and records.

1. Reports and records required by Section 7.3 shall be confidential and may only be used and disclosed as provided in this Section.
2. Personnel from the Ministry and NPHIL may use and disclose the reports and records to health care providers and others as necessary to carry out duties related to the control of communicable diseases and conditions as authorized by this title. Recipients of any confidential records or reports must not further disclose the information except as necessary to protect public health.
3. Personnel from the Ministry of Justice may use the reports and records in connection with the investigation or prosecution of an offense provided for in this title.
4. The person who is the subject of the report or record, or that person's representative, may consent to disclosure. Consent may be oral or in writing. The consent must specify the information to be disclosed and the intended recipient.
5. A court may order disclosure of the confidential reports and records except that such reports or records shall remain protected or sealed until otherwise authorized by law.
6. Any violation of this Section shall constitute a misdemeanor of the first degree.

§ 7.5. Reporting of notifiable diseases and conditions without epidemic potential.

1. *Report of other notifiable diseases and conditions of public health importance.* All notifiable diseases and conditions of public health importance listed in §6.12(z) other than those specifically set forth in §6.12(aa) shall be promptly reported to the nearest County Health Administrations or facility for interventions.
2. *Persons responsible for making reports.* The reports required by the provisions of by the provisions of paragraph 1 above shall be made by physicians who attend such cases or by pathologists or coroners who have conducted postmortem examinations of such cases. All notifiable diseases and conditions of public health importance listed in §6.12(z) other than

those specifically set forth in §6.12(aa) shall be made by physicians, a health professional who attended such cases and by pathologists, a and coroners who have conducted post mortem examinations of such cases. When there is no physician or health professional in attendance, it shall be the duty of head of a private household, or of the person in charge of a hospital, dispensary, clinic or other institution providing care or treatment, clinical laboratory, school, hotel, boarding house or other place of lodging, vessel or aircraft, or of any public health nurse or any other person having actual knowledge of or providing care or treatment to such cases, to so report to the next level of the health system and until official action on such cases has been taken.

3. *Duty of Local Authorities, County Health Teams, and NPHIL Personnel to transmit reports.* Persons engaged in disease surveillance activities, in collaboration with the county health team or local authorities including NPHIL personnel and community health volunteers shall transmit to the County Health Director of the county in which the County Health Administration is located all reports received by them pursuant to the provisions of this Section within reporting period as outlined in ministry of health standard reporting guidelines. Every County Health Director shall regularly transmit to the Minister all original reports received by him or her pursuant to the provisions of this Section and those transmitted to him by the Local Authorities. In lieu of the original reports, the county disease surveillance team in collaboration with the county health team or County Health Administration and the County Health Director shall submit summary reports when so authorized by the Minister, and when practicable, the contents of such reports shall also be regularly transmitted by the available established transmission mechanism or other appropriate means. The county disease surveillance team in collaboration with the county diagnostic and laboratory officers shall be responsible for routine specimen collection and management there in of cases as appropriate for confirmation of suspected cases.
4. *Contents, how and to whom sent.* The reports required by this Section shall be in writing and shall contain the full name, age, and sex and address of the person affected and all the facts known concerning the disease or condition, including the date of the onset of the illness, any available information as to the probable place and source of infection and any other information concerning the case required by the Minister for the protection of public health. These reports shall be made on forms furnished by the Minister or shall contain all the information required by such forms.
5. The Minister is charged with the duty of promulgating and broadcasting with all convenient speed after the effective date of this title, regulations and guidelines with respect to preventive treatment and individual case management to all at risk and affected persons.

§ 7.6. Rights of people affected by communicable diseases and conditions that do not have formidable epidemic potential.

Recognizing also that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person,

1. A physician or authorized person who attends to a person who has been diagnosed or exposed to a communicable disease or condition of public health importance but has no

formidable epidemic potential, as defined in §6.1(t), shall inform the person and by extension the community were possible that he or she does not need requirements of quarantine, isolation, exclusion as a means to prevent the spread of disease.

2. No one shall practice or introduce, or support in any form or manner discrimination, stigmatization or segregation against persons affected or previously affected by notifiable diseases (whether communicable or non-communicable) and conditions with less epidemic potential such as leprosy, lymphoedema, hydrocele, ulcers etc.). This prohibition shall extend to and include discrimination, stigmatization or segregation against family members of persons affected or previously affected by notifiable diseases. Parties shall prohibit all discrimination on the basis of disability, especially disability resulting from communicable disease and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.
3. Penalty for violation of chapter provisions. Any person (natural or legal) who violates any of the provisions of this Chapter or any of the rules made thereunder shall, upon conviction, be liable to a fine in accordance with regulations made under this Chapter by the Minister.

Chapter 8. PREVENTION AND SUPPRESSION OF COMMUNICABLE DISEASES IN GENERAL

- § 8.1. Minister to make quarantine, isolation, and exclusion regulations.*
- § 8.2. Duty of physician or authorized person to advise persons diagnosed or exposed to communicable diseases or a condition of public health importance and contacts.*
- § 8.3. Duty of Local Authorities, District Health Officers & County Health Directors to advise person diagnosed or exposed to a communicable disease or condition of public health importance of their rights.*
- § 8.4. Removal to hospital of person suffering from communicable disease or condition of public health importance into isolation.*
- § 8.5. Quarantine of person exposed to communicable disease or condition of public health importance.*
- § 8.6. Conditions of Isolation or Quarantine.*
- § 8.7. Acts likely to spread disease prohibited.*
- § 8.8. Exclusion from certain occupations of persons affected by communicable disease or condition of public health importance.*
- § 8.9. Right of Environmental Health Practitioner to inspect suspected premises and examine persons there.*
- § 8.10. Sanitary measures required at termination of illness.*
- § 8.11. Sanitation of buildings, vehicles and articles on the orders of the Ministry in conjunction with the appropriate County Health Administration.*
- § 8.12. Means to be provided by County Health Administration to carry out sanitation provisions of chapter.*
- § 8.13. Additional precautions against spreading of disease pending burial of remains.*
- § 8.14. Additional precautions in case of death or suspected death from communicable disease or condition of public health importance.*

§ 8.15. *Handling and Burial of Persons dying from or suspected to be dying from a communicable disease or condition of public health importance.*

§ 8.16. *Local Authorities may order removal or burial of dead bodies.*

§ 8.17. *Duties of undertakers with respect to communicable diseases or conditions of public health importance.*

§ 8.18. *Wet Nurses.*

§ 8.19. *Medical attention for indigent at expense of Government.*

§ 8.1. Minister to make quarantine, isolation, and exclusion regulations.

The Minister is charged with the duty of promulgating and broadcasting with all convenient speed after the effective date of this title, regulations with respect to quarantine, isolation and exclusion of persons, including carriers, with or who show evidence of a communicable disease or condition of public health importance.

§ 8.2. Duty of physician or authorized person to advise persons diagnosed or exposed to communicable diseases or a condition of public health importance and contacts.

A physician or authorized person who attends to a person who has been diagnosed or exposed to a communicable disease or condition of public health importance, shall inform the person and his/her contacts of the applicable requirements of quarantine, isolation, exclusion and other precautions which must be taken to prevent the spread of disease.

§ 8.3. Duty of Local Authorities, District Health Officers & County Health Directors to advise person diagnosed or exposed to a communicable disease or condition of public health importance of their rights.

Local Authorities, District Health Officers & County Health Directors are charged with the duty of ensuring access to public health information about the nature of the communicable disease as well as access to information on available treatment to the following individuals:

1. those that are at risk of a communicable disease of public health importance
2. those who are suspected or confirmed of a communicable disease of public health importance.

§ 8.4. Removal to hospital of person suffering from communicable disease or condition of public health importance into isolation.

1. If in the opinion of an attending physician or authorized person, any person diagnosed with a communicable disease or condition of public health importance who has not been accommodated in an appropriate facility or adequately treated to guard against the spread of the disease, then the County Health Administration or attending physician/authorized person may cause such person to be removed to an appropriate facility or any temporary place which is suitable for the reception and treatment of the person. This confinement shall last until the attending physician or authorized person is satisfied that he/she is free from infection or able to be discharged without danger to the public health. Any person who is removed and confined here under shall not conduct himself/herself in a disorderly

manner and shall not leave or attempt to leave until he/she is discharged pursuant to this Section. However, the Minister shall decide which specific communicable diseases these actions shall be applicable.

2. The health status of those individuals who are removed and confined hereunder must be monitored regularly by an attending physician or authorized person to determine if the isolation is still required.
3. The isolation must be immediately terminated when an individual poses no substantial risk of transmitting a communicable disease or condition of public health importance to others.

§ 8.5. Quarantine of person exposed to communicable disease or condition of public health importance.

1. If in the opinion of an attending physician or authorized person, any person who has recently been exposed to and may be in the incubation stage of any communicable disease or condition of public health importance and needs to be properly monitored to guard against the spread of the disease, such person, by order of a stipendiary magistrate, based upon recommendation of the attending physician or authorized person, may be removed or confined at the cost of the Government and shall remain so until in the opinion of the attending physician/authorized person, that the person is no longer a danger to the public health and based upon recommendation of the attending physician or authorized person, the stipendiary magistrate, for good cause shown, cancels the order.
2. The health status of those individuals who are removed or confined hereunder must be monitored regularly by an attending physician or authorized person to determine if quarantine is still required.
3. Quarantine must be immediately terminated when an individual poses no substantial risk of transmitting a communicable disease or condition of public health importance to others.
4. The individual must first be given an opportunity to participate voluntarily in quarantine before exercise of compulsory powers under this Section.

§ 8.6. Conditions of Isolation or Quarantine.

The needs of individuals who are isolated or quarantined shall be addressed by the Government or County Health Administration in a systematic and competent fashion, including, but not limited to, ensuring the individuals have food required for subsistence, clothing, shelter, means of communication with those outside these settings and competent medical care. In addition, the basic needs of the dependents, such as food, clothing, and shelter, shall be provided by the Government or County Health Administration for the duration of the quarantine or isolation.

§ 8.7. Acts likely to spread disease prohibited.

No person shall intentionally or negligently cause or promote the spread of disease in any of the following ways:

1. By failure to observe, or by improper observance of applicable requirements of quarantine and isolation, exclusion or treatment including carriers, of communicable disease or a condition of public health importance as advised by the attending physician or authorized person on such cases; or
2. By unnecessarily exposing himself/herself to other persons, knowing himself/herself to be a case or carrier of communicable disease or condition of public health importance; or
3. By unnecessarily exposing a person in his/her charge or under his/her care to other persons, knowing such person to be a case or carrier of communicable disease or condition of public health importance; or
4. By unnecessarily exposing himself/herself or a person in his/her charge or under his/her care to another person who is known to be a case or carrier of communicable disease or condition of public health importance; or
5. By unnecessarily exposing without previous disinfection of any furnishings, bedding, clothing or other personal belongings, rags or other things which he/she has reason to believe has been exposed to infection from a communicable disease or condition of public health importance.

§ 8.8. Exclusion from certain occupations of persons affected by communicable disease or condition of public health importance.

An owner or person in charge of a factory, a food establishment, a vessel, aircraft, train, bus or other vehicle transporting passengers for compensation, a barber shop or beauty parlor, or a health or social welfare institution, shall not knowingly or negligently permit a person, including a carrier, affected with or who shows evidence of a communicable disease or condition of public health importance, nor any person in contact with them, to work in such place when such person is required by this title or regulations made by the Minister hereunder to be quarantined, isolated, or excluded.

§ 8.9. Right of Environmental Health Practitioner to inspect suspected premises and examine persons there.

1. An Environmental Health Practitioner or authorized person may enter private property, consistent with Section 4.7 and except as provided in Section 9.7(3), if he/she has reasonable cause to believe that there is a person on the premises who is suffering from, has recently suffered from, or has recently been exposed to any communicable disease or condition of public health importance;
2. The Environmental Health practitioner or authorized person may request that a medical examination be conducted on any person at the premises for the purpose of determining whether the person is suffering from a communicable disease or condition of public health importance. Any medical exam must be the least intrusive exam that would achieve the public health objective.
3. If a corpse is found on the premises, the Environmental Health practitioner or authorized person may require a post-mortem examination to be conducted to determine the cause of death.

4. Nothing in this Section bars an individual or institution affected by the provisions of this Section from seeking administrative review as provided under Sections 4.14 and 4.15 or other applicable law.

§ 8.10. Sanitary measures required at termination of illness.

Immediately after the recovery, death or removal of a case of a communicable disease or condition of public health importance, the Ministry may disinfect, cleanse, including the room or rooms, furnishings, clothing and other personal belongings which have become contaminated and upon completion of such sanitary measures shall issue a certificate of satisfaction.

§ 8.11. Sanitation of buildings, vehicles and articles on the orders of the Ministry in conjunction with the appropriate County Health Administration.

1. *Conditions requiring issuance of a notice.* If an Environmental Health Technician determines that the cleansing, disinfection or disinfestation of any building, vehicle or part thereof, and of any articles therein likely to retain infection, would tend to prevent or check the spread of communicable disease or other condition of public health importance, he/she shall give notice in writing to the owner, tenant, occupant or person in charge of such building, vehicle or part thereof. Such notice shall specify the steps to be taken to cleanse, disinfect or disinfest such building or part thereof and such articles within a reasonable time, to be specified in such notice. The Environmental Health Technician may require any reasonable means including but not limited to:
 - (a) cleansing by scrubbing,
 - (b) washing and exposure to sunshine and air,
 - (c) the use of disinfectants,
 - (d) application of ultra-violet rays,
2. *Public vehicles to be disinfected.* Every owner, driver or other person in charge of a vehicle used in transporting passengers for compensation shall immediately provide for the disinfection of such vehicle after it has conveyed, to his/her knowledge, any person suffering from a communicable disease or other condition of public health importance and is hereby prohibited from using the vehicle for transporting passengers until the sanitary measures as provided by Section 8.10 have been fully and satisfactorily completed. Upon completion of such sanitary measures, the vehicle shall be presented for inspection to an Environmental Health Technician attached to the County Health Administration within whose jurisdiction the vehicle is located to determine whether the measures taken have been done in such manner as to place the vehicle in a sanitary condition. If it is in the opinion of the Environmental Health Technician that such measures have not achieved the proper sanitary condition, such additional measures shall be taken by the owner, driver or other person in charge as the Environmental Health Technician shall direct.

3. *Sanctions upon non-compliance.* If the person to whom notice is so given fails to comply within a reasonable time to be specified in the notice, he/she shall be liable to a civil penalty, to be determined by regulation for each day during which he/she continues to be in default, and the County Health Administration having jurisdiction over the building, vehicle or part thereof covered by the notice shall cause such building, vehicle or part thereof and any articles therein to be cleansed, disinfected or disinfested and shall recover the expenses incurred from the defaulting owner, tenant, occupant or person in charge as a debt.
4. *Alternative action when person responsible is financially unable to comply.* If the owner, tenant, occupant or person in charge of any such building, vehicle or part thereof, because of financial inability or otherwise, in the opinion of the Local Authority having jurisdiction, is unable effectively to carry out the requirements of this Section, such Authority may, without enforcing such requirements upon such owner, tenant, occupant or person in charge, with or without his/her consent and without any expense to him/her, enter, cleanse, disinfect or disinfest such building, vehicle or part thereof and any article therein requiring cleansing, disinfection or disinfestation.
5. *Compensation not payable for damage or loss of use if due care observed.* When any article is damaged during a cleansing, disinfection, or disinfestation performed by a Local Authority hereunder, no compensation for damages sustained shall be payable if suitable methods have been employed and due care taken to prevent unnecessary or avoidable damage, nor shall compensation be payable for the deprivation of the occupation or use of any building, vehicle or part thereof or of the use of any article occasioned by such sanitation if no undue delay has occurred.
6. *County Health Team may order the destruction of buildings, vehicles and articles.* If in the opinion of the Minister or the County Health Team concerned, cleansing, disinfection or disinfestation of any building, vehicle, or part thereof or of any articles therein under the provisions of this Section would not be effective in overcoming the danger of the spread of infection or would be impracticable, then upon giving notice to the owner or person in charge an opportunity to be heard, such authority may direct the destruction of such building, vehicle or part thereof or articles and the government shall pay suitable compensation therefor, provided that the government shall not pay compensation for any such property where it is determined, upon a hearing, that the owner willfully allowed the infestation.

§ 8.12. Means to be provided by County Health Administration to carry out sanitation provisions of chapter.

Every County Health Administration shall supply free of charge a proper place with all necessary apparatus and attendance for the disinfection and disinfestation of bedding, clothing or other articles which have become infected by communicable disease or condition of public health importance. Every County Health Administration shall also supply and maintain, free of charge, a conveyance or conveyances for the transportation to a hospital or other similar destination of persons suffering from any communicable disease or condition of public health importance, and

for the removal to the place provided for herein for the disinfection and disinfection of infected bedding, clothing or other articles.

§ 8.13. Additional precautions against spreading of disease pending burial of remains.

No person having in his charge or under his/her care the body of any dead person shall keep such body in any room in which food is kept, or prepared, or eaten, or shall keep such body for more than twenty-four hours in any room in which any person sleeps or works, unless permission is granted to do so by the County Health Administration within whose jurisdiction the death occurred, pending prompt burial.

§ 8.14. Additional precautions in case of death or suspected death from communicable disease or condition of public health importance.

1. *Exposure:* No person shall intentionally or negligently cause or promote the spread of disease by unnecessarily exposing to other persons the remains of a person in his charge or under his care, knowing such person to have been suffering from or to have been a carrier of a communicable disease or condition of public health importance at the time of his/her death.
2. *Notification and Prevention:* The person having such remains in his/her charge or under his/her care at the premises at which death occurred shall notify the County Health Administration within whose jurisdiction the death occurred of such death immediately upon learning of it and shall make the best arrangements practicable for preventing the spread of such disease or condition pending removal of the remains and the carrying out of thorough disinfection or disinfection of the premises.
3. *Removal:* The remains shall be removed from the premises to a mortuary as soon as possible unless permission is granted by the County Health Administration to allow the remains to be kept at the premises pending prompt burial. It shall be a violation of this title to remove the remains from the premises except to a mortuary or for the purpose of immediate burial in accordance with a duly issued burial permit; and it shall be the duty of any person who removes such remains to take it directly to the mortuary or to the place of interment for burial. Nothing in this Section shall be deemed to prevent the removal by appropriate authorities of remains from a hospital to a mortuary.

§ 8.15. Handling and Burial of Persons dying from or suspected to be dying from a communicable disease or condition of public health importance.

It shall be the duty of every person taking charge of the preparation for burial of the body of any person to make all reasonable efforts to ascertain whether such person died of a communicable disease. Handling and burial of persons dying from or suspected to be dying from a communicable disease or condition of public health importance shall be done by specially trained persons with the proper care utilizing personal protective equipment (PPE). If a person dies at home or in the community, family members shall notify the County Health Administration and will no longer have custody of the body. Family or community burial shall be prohibited under these circumstances.

§ 8.16. Local Authorities may order removal or burial of dead bodies.

A County Health Administration may direct that a dead body be removed;

1. For immediate burial if the body poses a danger to public health.
2. If a person dies from a condition that does not pose an immediate danger to public health, and the body is not identified.
3. If the person dies from a condition that does not pose an immediate danger to public health, and the body is identified, but the family is unable to remove the body.

§ 8.17. Duties of undertakers with respect to communicable diseases or conditions of public health importance.

Every person taking charge of the preparation for burial of the body of any person shall prior to handling such body, obtain a death certificate to ascertain the cause of death. If the cause of death is from a communicable disease or condition of public health importance, then he/she must inform the County Health Administration immediately and refrain from taking further measures to prepare the body for burial. The Local Authorities or Environmental Health Technician shall take the appropriate measures to disinfect the premises and serve a certificate of clearance.

§ 8.18. Wet Nurses.

1. Health certificates required of wet nurses and infants. Before nursing an infant not her own, a wet nurse shall secure a certificate from a licensed physician certifying that she is free from any communicable disease or condition of public health importance. Any person who secures a wet nurse for an infant shall ascertain before giving over the infant for feeding, that such nurse, within thirty days prior thereto, has been certified as required by this Section and shall also obtain from a licensed physician a certificate, to be presented to the wet nurse, that the wet nurse will not be in danger of being infected with a communicable disease or condition of public health importance by the infant. Violators of the provisions of this Section shall be liable to a civil penalty, to be determined by regulation, for each offense.
2. Penalty for acting as wet nurse with knowledge of communicable disease or condition of public health importance. Any woman who acts as wet nurse to an infant not her own, knowing or having reason to suspect that she suffers from a communicable disease or condition of public health importance, shall be subject to a civil penalty, to be determined by regulation, for each offense. If such woman causes infection in such infant, such woman shall also be prosecuted in accordance with Section 14.23 of the Penal Law in a court of competent jurisdiction.
3. *Penalty for withholding knowledge that infant is infected.* Any person who takes an infant to a wet nurse for feeding, knowing or having reason to suspect that such infant is infected with a communicable disease or condition of public health importance without informing the wet nurse concerning the disease or condition of the infant shall be subject to a civil penalty, to be determined by regulation, for each offense. If the wet nurse is infected by such infant with the communicable disease or condition of public health importance, such

person shall also be prosecuted in accordance with Section 14.23 of the Penal Law in a court of competent jurisdiction.

§ 8.19. Medical attention for indigent at expense of Government.

Any person infected or suspected of being infected with a communicable disease and who meets either of the criteria set out below shall receive proper medical attention at the expense of the Government:

1. earns less than any of the following:
 - (a) Fifty US Dollars a month
 - (b) An amount as may be set by ministerial regulation.
 - (c) The minimum wage as provided in the Decent Work Act
 - (d) The Poverty Rate as set by the Liberia Institute of Statistics and Geo-Information Services (LISGIS)
2. Is financially unable to provide proper medical attention for himself and for whom there is no person legally responsible and financially able to provide for him/herself:

Chapter 9. FORMIDABLE EPIDEMIC, ENDEMIC OR INFECTIOUS DISEASES

- § 9.1. Diseases and Events applicable to this chapter.*
- § 9.2. Power of Minister to make rules.*
- § 9.3. Local Authorities to aid in enforcement of provisions.*
- § 9.4. Reports concerning unusual sickness or mortality among animals.*
- § 9.5. Right of Minister to commandeer unoccupied real property and materials.*
- § 9.6. Declaration of public health emergency*
- § 9.7. Emergency powers in respect of public health matters*
- § 9.8. Penalty for violation of chapter provisions.*

§ 9.1. Diseases and events applicable to this chapter:

Formidable Epidemic, Endemic, and Infectious Diseases as defined in Chapter 6 of this Title.

§ 9.2. Power of Minister to make rules.

Whenever any part of the country appears to be threatened by any formidable epidemic, endemic or communicable disease or condition of public health importance or by any event that may constitute a public health emergency of international concern, the Minister shall, with the advise of the NPHIL, declare such part an infected area and shall make rules with regard to any of the following matters:

1. For the speedy interment of the dead;

2. For house-to-house visitation;
3. For the provision of medical aid and accommodation, for the promotion of cleansing, ventilation, disinfection and disinfestation, and for guarding against the spread of disease;
4. For preventing any person from leaving any infected area without undergoing all or any of the following: medical examination, disinfection, disinfestation, vaccination, revaccination, or quarantine for observation;
5. For the establishment of hospitals' quarantine or isolation centers, for placing therein persons who are suffering from or have been in contact with persons suffering from communicable disease or condition of public health importance;
6. For the destruction, disinfection or disinfestation of buildings, furniture goods or other articles, which have been used by persons suffering from communicable disease or condition of public health importance, or which are likely to spread infection;
7. For the isolation of persons who are suffering from a communicable disease or condition of public health importance and quarantine of persons who have been in contact with such persons;
8. For the removal of corpses;
9. For the destruction of vectors (such as rodents, mosquitos or other vectors) and the means and precautions to be taken on shore or on board vessels for preventing them from passing between vessels and from vessels to the shore or from the shore to vessels and the better prevention of the danger of spreading infection.
10. For the destruction of vectors and the means and precautions to be taken with respect to aircraft arriving at or departing from the country and for preventing vectors from passing from aircraft to land and from land to aircraft and the better prevention of the danger of spreading infection;
11. For the regulation of health facilities used for the reception of persons suffering from a communicable disease or condition of public health importance and of isolation and quarantine centers;
12. For the removal and disinfection or disinfestation of articles which have been exposed to infection;
13. For prohibiting any person from living in any building or using any building for any purpose whatsoever if in the opinion of the Environmental Health Technician in charge any such use is liable to cause the spread of any communicable disease or condition of public health importance; any rules made under this Section may give an Environmental Health Technician power to prescribe the conditions under which a building may be used;
14. For any other related purpose- with the objective of prevention, control or suppression of communicable disease or condition of public health importance;
15. For the compulsory medical examination of persons suffering or suspected to be suffering from communicable disease or condition of public health importance;
16. For the registration of residents in an infected area;

17. For the restriction of residence in an infected area, immigration to or emigration from, an infected area; and may by notice declare all or any of the rules so made to be enforced within the whole or any part of the infected area.

§ 9.3. Local Authorities to aid in enforcement of provisions.

The Local Authority of any area within which or within part of which rules made under this chapter are declared to be enforced shall do and provide all such acts, matters and things as the Minister may deem necessary for mitigating any formidable epidemic, endemic or communicable disease, condition of public health importance, or any event that may constitute a public health emergency of international concern, causing the area to be declared an infected area, or aiding in the execution of such rules or for executing them, as the case may require. The County Health Administration from time to time may request the Minister to institute through the Ministry of Justice any prosecution or legal proceedings for or in respect to the violation of any such rules.

§ 9.4. Reports concerning unusual sickness or mortality among animals.

Any person who acquires knowledge of an unusual sickness or mortality among rats, mice, cats, dogs or other animals susceptible to formidable epidemic disease or communicable diseases or conditions of public health importance, shall immediately report the fact to the County Health Administration having jurisdiction over the area where such phenomenon is observed by the most expeditious means.

§ 9.5. Right of Minister to commandeer unoccupied real property and materials.

If an outbreak of any formidable epidemic disease exists or is threatened, it shall be lawful for the Minister to require any person owning or having charge of any land or any buildings or dwellings not occupied, or any person owning or having charge of tents, transport, bedding, hospital equipment, drugs, food or any other appliances, materials or other articles urgently required in connection with such outbreak to hand over the use of such land or buildings or to supply or make available any such article, subject to the payment of a reasonable amount as hire or purchase price. Any person who without reasonable cause fails or refuses to comply with any such requirement shall be guilty of a second degree misdemeanor.

§ 9.6. Declaration of public health emergency.

1. Upon the advice of the NPHIL, the Minister shall declare a public health emergency by Executive Instrument where there is a situation that poses an immediate risk to health, life property or the environment.
2. To meet the criteria for a public health emergency, the incident should:
 - (a) immediately threaten life, health, property or the environment; or
 - (b) have already caused loss of life, health detriments, property damage or environmental damage; or

- (c) have a high probability of escalating to cause immediate danger to life, health, property and the environment.

§ 9.7. Emergency powers in respect of public health matters.

1. The Minister shall direct a public health official(s) to respond immediately to a public health emergency and may order an individual to take preventive measures or be quarantined.
2. A public health official may be authorized to act outside the area of authority of the public health officer.
3. The provisions of this Title requiring the service of notice or other instruments on individuals for the doing of work or the abatement of nuisance, or placing limitations on the power of public health authorities to enter premises shall be deemed suspended during periods of public health emergencies.

§ 9.8. Penalty for violation of chapter provisions.

Any person (natural or legal) who violates any of the provisions of this Chapter or any of the rules made thereunder shall, upon conviction, be liable to a fine in accordance with regulations made under this Chapter.

Chapter 10. PREVENTION OF IMMUNIZABLE DISEASES

§ 10.1 Definition

§ 10.2. Objectives

§ 10.3. Scope of the Chapter

§ 10.4. Governance and Control

§ 10.5 Management of Vaccines and Vaccines Equipment

§ 10.6. Vaccine Administration and Vaccination Practices in the Republic of Liberia

§ 10.7. Financial Provisions

§ 10.8. Tax Exemption

§ 10.9. Violation and Enforcement

§ 10.10. National Immunization Week

§ 10.1 Definition

Unless otherwise stated in this Chapter, the following terms shall be defined as follows:

1. **“Bacillus Calmette–Guérin vaccine (BCG Vaccine)”** means a vaccine primarily used against tuberculosis (TB).
2. **“Basic Vaccines”** mean all current BCG, Oral Polio Vaccine, Pentavalent, Pneumococcal Conjugate Vaccine, Rotavirus Vaccine, Yellow Fever Vaccine, Measles Vaccine, and

future vaccines (Inactivated Polio Vaccine, Human Papillomavirus Vaccine, etc.) that are administered within the routine immunization program.

3. “**Child**” means and includes any person between the ages of two months and six years, and every minor entering or attending school.
4. “**Fund**” means the National Immunization Fund established under Section 10.7(1)(a).
5. “**National Immunization Advisory Board**” or “**Board**” means the advisory committee established by the Minister under Section 10.4(1)
6. “**National Immunization Program**” means regular immunization service program or special campaign conducted by the Government of Liberia through the Ministry.
7. “**Vaccine**” means any immunizing agent approved by the Ministry and the World Health Organization to be given against vaccine preventable diseases.
8. “**Vaccine Preventable Disease**” means a disease that is preventable by a vaccine, and includes Tuberculosis, Measles, Poliomyelitis, Yellow Fever, Pneumonia, Rotavirus, Tetanus, Hepatitis b, Haemophilus Influenza Type b, Pertussis, Diphtheria, Human Papilloma Virus, and any other disease that, for the purposes of this Chapter, the Ministry and the World Health Organization declare to be preventable by a vaccine.
9. “**Vaccine Receiver/Vaccinee**” means a person to whom a vaccine is being given.
10. “**Vaccination Services**” means the administration of a vaccine and the associated services necessary for such administration to be safe and effective.
11. “**Basic Vaccines**” mean all current BCG, Oral Polio Vaccine, Pentavalent, Pneumococcal Conjugate Vaccine, Rotavirus Vaccine, Yellow Fever Vaccine, Measles Vaccine, and future vaccines (Inactivated Polio Vaccine, Human Papillomavirus Vaccine, etc.) that are administered within the routine immunization program.

§ 10.2. Objectives

This chapter is intended:

1. To establish a legal framework for the administration of vaccines to children of immunization age, women of child bearing age (WCBA) and other persons designated by the Ministry as eligible to receive vaccines.
2. To provide adequate protection for children against vaccine preventable diseases.
3. To ensure the allocation of public resources in the National Budget for the administration of vaccines free of charge.

§ 10.3. Scope of the Chapter

This Chapter shall govern the financing, procurement, selection, management and delivery of vaccines and vaccination services throughout the Republic of Liberia.

§ 10.4. Governance and Control

The Ministry of Health shall oversee the provision of vaccines and vaccination services in the Republic of Liberia.

1. *Establishment of the National Immunization Advisory Board*

There is hereby established a National Immunization Advisory Board to provide guidance to the Ministry of Health in the provision of vaccines and vaccination services in the Republic of Liberia.

2. *Composition of the Board*

The National Immunization Advisory Board shall comprise of:

- (a) Minister of Health.....Chairman
- (b) Minister of FinanceVice Chairman
- (c) Minister of Internal Affairs.....Member
- (d) Minister of Information.....Member
- (e) Chief Medical officer.....Member
- (f) Managing Director, Liberia Medicines and Health Products Regulatory Authority...
Member
- (g) Director General, National Public Health Institute.....Member
- (h) Director, Liberia Central Medical Store.....Member
- (i) Deputy Minister, Planning, Policy & M & E.....Member
- (j) Director, Family Health Division.....Member
- (k) Chairman, Senate Committee on Health.....Member
- (l) Chairman, House Committee on Health.....Member
- (m) Chairman, legislative forum on immunization.....Member
- (n) World Health Organization Member
- (o) United Nations Children Fund..... Member
- (p) United States Agency for International Development.....Member
- (q) One representative from each of Rotary, Lions, Red Cross Society.....Member
- (r) Manager, National Expanded Program on Immunization.....Member-Secretary

3. *Functions of the Board*

In addition to other functions, duties and powers established by this Chapter or by the Ministry acting within its authority, the Board shall have following functions, duties and powers:

- (a) Mobilize resources for the efficient and effective provision of Vaccination Services in the Republic of Liberia.
- (b) Strengthen the management, as well as the political, technical and financial authority, of the Expanded Program on Immunization (EPI).

- (c) Support the National Immunization Program by advising on the establishment of strategic immunization plans.
- (d) Suggest and/or review Immunization Policy and strategies adopted or proposed by the Ministry
- (e) Recommend to the Ministry new vaccines for introduction into the National Immunization Program.
- (f) Propose to the Ministry regulations, guidance's or directives for implementation of this Chapter, and review and comment on any such regulations, guidance's or directives proposed by the Ministry.
- (g) In consonant with other functionaries of government, the Ministry will be required to monitor the adherence of compliance with applicable transparency and accountability requirements imposed by statute, regulation, or other legal authority.
- (h) Monitor implementation of the National Immunization Program, in order to enhance efficiency and effectiveness in meeting established goals.
- (i) Establish sub-committees as necessary to efficiently and effectively execute the above functions.

4. *Board Meetings*

- (a) The National Immunization Advisory Board shall meet quarterly at a place determined by the chairman, and with advance notice in writing to all members given no less than one week in advance.
- (b) A simple majority of the members of the Board shall constitute a quorum for the conduct of official business.

§ 10.5 Management of Vaccines and Vaccines Equipment

1. *Importation of Vaccines*

Only licensed and registered vaccines shall be imported, as follows:

- (a) Only vaccines that are registered under institutions recognized by the Ministry and the Liberia Medicine and Health Products Regulatory Authority shall be imported.
- (b) Only vaccines pre-qualified by the World Health Organization and approved by the Liberia Medicine and Health Products Regulatory Authority

2. *Storage and Distribution of Vaccines and Vaccine Equipment*

The storage and distribution of vaccines and vaccine equipment shall meet the following requirements:

- (a) The Ministry shall make necessary arrangements for the storage and distribution of vaccine and vaccine equipment in accordance with approved standards of the World Health Organization, United Nations Children Fund, and any other organization or body that the Ministry, in its sole judgment, deems appropriate for health facilities qualify to provide immunization services.

- (b) The concerned body (United Nations Children Fund, Expanded Program on Immunization, and Liberia Medicine and Health Products Regulatory Authority) shall make necessary arrangement for maintaining prescribed standards for immunization cold chain for vaccines from the point of production to administration to the vaccine receiver or vaccinee.

3. *Duties of the Ministry of Health*

The Ministry shall have the following duties:

- (a) The Ministry shall, as it deems appropriate and consistent with actions by the World Health Organization, designate diseases that are preventable by a vaccine as Vaccine Preventable Diseases.
- (b) The Ministry shall, as it deems appropriate, designate persons other than children under the age of one year and women of child bearing age (WCBA) as eligible to receive vaccines.
- (c) Through the Expanded Program on Immunization (EPI), the Ministry shall provide for the procurement and delivery of safe and effective vaccines, free of cost, to all children of immunization age, women of child bearing age (WCBA), and other persons designated by the Ministry as eligible to receive vaccines.
- (d) The Ministry shall conduct regular public awareness program about the benefits of vaccines and the possible consequences of not obtaining timely vaccination.
- (e) The Ministry shall require all health facilities accredited to provide health services, including immunization services, submit reports to the Ministry consistent with the Ministry's guidelines.
- (f) *Surveillance for Adverse Events Following Immunization (SAEFI)*. The Ministry shall develop a sustainable, participant-center, and active program to be called the National Surveillance for Adverse Events Following Immunization (NSAEFI). The NSAEFI shall include a Vaccine Adverse Event Reporting System (VAERS) whereby healthcare providers who administer vaccines at county and district levels shall report adverse events following immunizations (AEFIs) following the administration of vaccinations. The objectives of NSAEFI Program are to:
 - i. Provide up-to-date information on adverse effects and contraindications;
 - ii. provide information on the effectiveness of the immunization program in order to ensure the safety of the program;
 - iii. to detect, correct, and prevent program errors;
 - iv. to identify risk factors associated with AEFIs;
 - v. identify potential patient risk factors for particular types of health problems related to vaccines;
 - vi. monitor increases in known side effects;
 - vii. assess the safety of newly licensed vaccines;
 - viii. to investigate rare AEFIs not identified in studies preceding the vaccine's release as well as delayed reactions to the vaccine;
 - ix. watch for unexpected or unusual patterns in adverse event reports;
 - x. to identify problems with specific batches or brands of vaccine;

- xi. to maintain the community's trust in the program by responding adequately to increased perception of vaccine-associated risk;
- xii. to monitor increases in frequency of known AEFIs;
- xiii. to identify signs of potential AEFIs that are unknown or not fully understood;
- xiv. serve as a monitoring system for vaccinations administered in public health emergencies.

(g) The Ministry shall formulate and revise the National Immunization Policy and Plans from time to time as the Ministry, in its sole judgment, determines to be appropriate to meet the objectives of this Chapter and the Ministry's broader goals and responsibilities.

(h) The Ministry shall issue regulations, guidance's, or directives as the Ministry deems appropriate to meet the objectives of this Chapter and the Ministry's broader goals and responsibilities.

4. *Duties of the Ministry of Education*

The Ministry of Education, acting through its School Health Division, shall require that, in order to be admitted to or attend any school, each child of immunization age must present his or her Immunization Child Health Booklet demonstrating that the child has been administered all vaccines required for the child.

5. *Duties of the Ministry of Information Cultural Affairs and Tourism*

The Ministry of Information Cultural Affairs and Tourism shall have a duty to inform the population about the importance of immunization.

6. *Duties of Ministry of Internal Affairs*

The Ministry of Internal Affairs shall be responsible for mobilizing local resources through existing local structures, creating awareness, addressing issues of vaccine hesitancy or non-compliance, and performing other tasks under this Chapter as may be requested by the Ministry of Health.

7. *Duties of Liberia Health Professions Council*

The Liberia Health Professions Council shall be responsible for:

- (a) Establishing standards for providing vaccination services that all accrediting health facilities are under legal obligation to meet.
- (b) Enforce compliance by private health facilities with applicable immunization policies and standards set by the Ministry of Health.

8. *Duties of Parents/Care Takers*

Every person in a parental or care-taking relation to a child residing in the Republic and in the person's care shall ensure that the child receives adequate doses of all basic vaccines as per the immunization schedule required by the Ministry for the child.

§10.6. Vaccine Administration and Vaccination Practices in the Republic of Liberia

1. *Administration of Vaccines by Qualified Health Worker or Public immunizer*

All vaccines shall be administered, and all vaccination services provided by, a qualified health worker or Public immunizer.

2. *Responsibility of Health Worker or Public immunizer*

Any qualified health worker or Public immunizer administering a vaccine or providing vaccination services to a child or women of child bearing age shall provide the child's parent/care taker or client with detailed health educational information on the following topics:

- (a) The importance of the required vaccines;
- (b) The dangers or risks associated with a child or women of child bearing age not timely receiving all required vaccines;
- (c) The possible side effects of the required vaccines; and
- (d) Other pertinent information, including when the child or women of child bearing must return for evaluation or additional vaccination and the number of times the child has to return.

3. *Issuance of Outstanding Parent Certificate*

A qualified health worker or Public immunizer who has successfully administered all required vaccines on schedule to a child shall give a certificate to the child's parent or care taker attesting to the successful completion of the immunization schedule.

4. *Exemption to required vaccination*

If, in the exercise of his or her professional judgment, a qualified health worker or Public immunizer determines and certifies that administering a required vaccine to a specific vaccine receiver or vaccinee creates a risk to the vaccinee's health that outweighs the benefits to the vaccine receiver or vaccinee and the public health of administering the vaccine, the vaccinee shall not be required to receive the vaccine. Any such determination shall be applicable until the vaccine is determined to no longer create the risk, but in no instance for longer than six months, but shall be renewable for successive periods of no more than six months, so long as the conditions that form the basis for the exemption from vaccination continue to exist. When the qualified health worker or Public immunizer determines that the conditions no longer exist, he or she must administer the vaccine to the child with all reasonable dispatch.

5. *Declaration of compulsory immunization area*

It shall be lawful for the Minister, acting by an officially published notice and by posting such notice in public places in the area affected, to declare any area to be a compulsory immunization area. Such notice shall specify a period in which the immunization of all non-immunized persons dwelling in such area shall take place. Every non-immunized adult and parent or guardian of a non-immunized minor child in any such area shall cause

himself and such child to be immunized by a public immunizer or licensed physician within the period specified. The public immunizer or licensed physician shall give a certificate of immunization to the adult or parent or guardian of the child. The conditions and exceptions described in Section 10.2 shall apply to any adult or minor child required to be immunized by this Section. A person shall be considered to be non-immunized if he has not been or fails to prove that he has been successfully immunized against any Immunizable Disease prescribed by the Minister. It shall be a defense, however, in any action instituted under this Section for failure to procure immunization, that no reasonable facilities for immunization were available to the defendant.

6. *Special powers of Local Authorities in case of outbreak of vaccines preventable diseases*

- (a) In the event of the occurrence or threatened outbreak in any area of poliomyelitis, small pox measles or any immunizable disease, the county health officer having jurisdiction over such area may require any person therein who has or is suspected to be at risk forthwith immunized by a public immunizer or licensed physician and if such person is a minor it may require the parent or guardian of such minor to have such minor so immunized forthwith. The public immunizer or licensed physician shall issue a certificate of immunization to the individual being immunized.
- (b) The county health officer having jurisdiction over such area may, or when so directed by the Minister of Health shall, require all persons within a defined area to attend at a center according to instruction issued and to undergo inspection, and if circumstances so require, immunization against such diseases. Such instructions may be issued by notice in the press, by radio, or by notices posted in public places or otherwise, as may be deemed sufficient by the Local Authority. Non-attendance at such centers shall be held to be a violation of this title when such instructions are issued hereunder.
- (c) Any public immunizer or licensed physician duly authorized by the Minister shall require any person in such area to furnish satisfactory proof that he/she has been successfully immunized against any Immunizable Disease preceding the date the Local Authority having jurisdiction over the area required immunization against such diseases and upon failure to furnish such proof, to administer the necessary immunization agent to such person. Any person who fails to furnish such proof with regard to herself/himself or any minor child of whom he/she is parent or guardian and then refuses to allow herself/himself or such minor child to be immunized, shall be guilty of a violation of this title.

7. *Vaccination Practices*

When administering a vaccine, a qualified health worker or Public immunizer shall do the following:

- (a) For each injection, use a new, unused Sterile Auto-Disable (AD) syringe and needle, or other device deemed appropriate by the Ministry and World Health Organization.

- (b) Use appropriate cold chain equipment and devices approved by the Ministry and World Health Organization to ensure that vaccines are always kept in the appropriate temperature range.
 - (c) Appropriately record vaccines administered on the Immunization Child Health Booklet Card and other recording data collection instruments, as required by the Ministry.
8. *Conduct of Mass vaccination campaign services*
- (a) The Ministry may conduct mass vaccination campaign services, as per necessity, against vaccine preventable disease(s).
 - (b) During the conduct of such mass vaccination campaign services, the Ministry may assign health workers or Public immunizers based on need.
9. *Children residing in Republic to be immunized.*
- (a) *Immunization by licensed physician or public immunizer.* Every parent or guardian residing in the Republic shall have administered to such child an adequate dose or doses of an immunizing agent against all Immunizable Diseases, which meets the standards approved by the Minister of Health for such biological products. Any such child who has not previously received such immunization shall be presented to a licensed physician for the purpose of having the necessary immunizations administered to him/her. If any parent or guardian to such child is unable to pay for the service of a private physician, such person shall present such child to a public immunizer who shall then administer the immunizing agent without charge.
 - (b) *Certificates of successful immunization.* The licensed physician or public immunizer who has successfully administered such immunizing agents to any such child shall give a certificate of such immunization to the parent or guardian of such child.
 - (c) *Certificates of unfitness of immunization.* If any licensed physician or public immunizer certifies that such immunization as provided in Subsection 9(a) may be detrimental to a child's health, the requirements of Subsection 9(a) shall be inapplicable until such immunization is found no longer to be detrimental to the child's health. Such certificate shall remain in force for six months only but shall be renewable for successive periods of six months until the public immunizer or licensed physician shall be of the opinion that the child is fit for such immunization, in which event the necessary immunization agents shall be administered to the child with all reasonable dispatch.
 - (d) *Certificates to contain description of children immunized.* A public immunizer or licensed physician giving any certificate under this Section shall enter therein a description of the child concerning whom the certificate is given sufficient for the purposes of identification.
10. *Children not to be admitted to school until immunized.*
- (a) No child shall be admitted to or attend any school until there has been produced to the person in charge thereof a certificate or other satisfactory evidence that

immunizations as required by the provisions of Section 10.2, has been complied with.

- (b) A child shall be exempt from these requirements where exempted from vaccination under Section 10.2(3).
- (c) During a public health emergency, or if there is a vaccine-preventable disease outbreak or epidemic of any contagious disease as determined by the Minister, any exempted child may be temporarily excluded from attendance at school unless and until the child has been vaccinated consistent with the Minister's requirements or the child's presence no longer presents any risk to the child's or the public's health.

11. *Immunization of inmates of certain institutions.*

Every superintendent or person in charge of a leprosy settlement, hospital, prison, reformatory or other similar institution, within fourteen days following admission to such institution, shall cause to be immunized against all Immunizable Diseases every inmate who, being in a fit state of health as determined by a public immunizer or licensed physician to undergo such immunization, fails to prove that he/she has successfully so immunized. If such person is at the time unfit to undergo such immunization, the necessary immunizations shall be administered to him as soon as he is fit.

§ 10.7. Financial Provisions

1. *Management of the National Immunization Fund*

- (a) There is hereby established a National Immunization Fund account with the Central Bank of Liberia to be managed by the Expanded Program on Immunization at the Ministry.
- (b) All funds identified in Subsection 10.7(2) shall be deposited in the National Immunization Fund account. The Immunization Funds shall be expended consistent with the Public Financial Management Act of 2009.

2. *Immunization fund*

The Expanded Program on Immunization (EPI) shall be funded through:

- (a) amounts received from the Government of Liberia through direct budgetary appropriations;
- (b) amounts received from foreign governments, persons, and international organizations and designated for the Expanded Program on Immunization (EPI);
- (c) amounts received from companies under corporate social responsibility;
- (d) amounts received through the National Immunization Trust Fund, as a result of levying taxes on certain identified commodities, such as tobacco products and alcoholic products;
- (e) resources drawn from the national lottery.

§ 10.8. Tax Exemption

All imported and locally purchased vaccines, cold chain equipment and immunization logistics necessary for its maintenance and transportation and all materials for immunization programs of the Ministry are exempted from all taxes, surcharges and customs duties.

§ 10.9. Violation and Enforcement

1. Any person that acts, fails to act or causes another person to act or fail to act, in a manner that violates any provision of this Chapter or any regulation, directive, guidance, notice or instruction issued or promulgated under this Chapter shall be liable to pay a fine determined by regulation promulgated pursuant to this Title.
2. A government employee who fails to maintain quality of standards or who acts negligently during vaccine administration, shall be subject to the fine in Subsection 10.9 (1) above.
3. Considering the degree of violation, a fine determined by regulation promulgated pursuant to this Title shall be imposed on any health organization or institution that administers a vaccine or provides vaccination services in a manner that is negligent or contrary to standards established under this Chapter.
4. Fines imposed under this Chapter shall not bar a lawsuit under other applicable laws.
5. If an offense punishable under this Chapter may also be punished under other prevailing law, imposition of a fine under this Chapter shall not bar legal proceedings against the person under any such applicable other laws.

§ 10.10. National Immunization Week

As part of the celebrations of World Health Day, every last week of April shall be observed as National Immunization Week, particularly directed to the Ministry and World Health Organization approved immunization age.

Chapter 11. CONTROL OF SEXUALLY TRANSMITTED INFECTIONS GENERALLY

§ 11.1. Minister to provide free facilities for diagnosis and treatment.

§ 11.2. Persons over 18 years old infected with a Sexually Transmitted Infection to submit themselves for examination and treatment

§ 11.3. Examination and treatment of minors under 18 years infected with a Sexually Transmitted Infection.

§ 11.1. Minister to provide free facilities for diagnosis and treatment.

The Ministry of Health shall be responsible for promulgating rules and regulations concerning the prevention, diagnosis, and management of sexually transmitted infections (STIs).

§ 11.2. Persons over 18 years old infected with a Sexually Transmitted Infection to submit themselves for examination and treatment

Every person 18 years of age or older who knows or has reason to believe that he/she is infected with any Sexually Transmitted Infection shall forthwith present himself or herself for examination at the nearest government health facility with the requisite diagnostic capacity and if found to be infected with any such disease, shall receive treatment thereat or receive treatment by a licensed physician of his/her choice at a private health facility. Every person undergoing treatment for any Sexually Transmitted Infection as aforesaid, until cured or free from such disease in a communicable form, shall continue to submit himself/herself for treatment as prescribed.

§ 11.3. Examination and treatment of minors under 18 years infected with a Sexually Transmitted Infection.

Every person who is parent or guardian to a minor under 18 years of age who knows or has reason to believe that such minor is infected with any Sexually Transmitted Infection shall cause such minor to be examined and treated in the same manner as is required of a person 18 years or older under the provisions of Section 11.2. Provided however, that a minor who is independently capable of reaching a decision to seek treatment by himself/herself is not prohibited from so doing, and that a practitioner is not likewise prohibited from examining and treating such a minor.

***Chapter 12. CONTROL OF HUMAN
IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED
IMMUNODEFICIENCY SYNDROME (AIDS)***

§ 12.1. Definitions

§ 12.2. Disease to which the Chapter is applicable

§ 12.3. Education, information and materials on HIV and AIDS

§ 12.4. Education, information and materials on HIV and AIDS as part of the national response

§ 12.5. Education of nationals traveling abroad

§ 12.6. HIV information and materials for tourist and transit passengers

§ 12.7. Awareness of HIV and AIDS in the workplace and communities

§ 12.8. HIV and AIDS in prison institutions

§ 12.9. HIV and AIDS among women and girls

§ 12.10. National strategies, policies and programs regarding HIV among vulnerable groups

§ 12.11. Information on packaging of medicines intended for sale or free distributions

§ 12.12. Dissemination of erroneous or false information

§ 12.13. Public/private-broadcasting media

§ 12.14. Surgical interventions and procedural guidelines

§ 12.15. Sanctions for risky practices and procedures by health care professionals

§ 12.16. Traditional medicines

- § 12.17. *Health and counseling center*
- § 12.18. *Requirements related to blood, blood products and tissues or organ donation*
- § 12.19. *Health and social services in centers and communities Health Services*
- § 12.20. *Treatment of Sexually Transmitted Diseases*
- § 12.21. *Testing and counseling for HIV*
- § 12.22. *HIV test results*
- § 12.23. *Confidentiality*
- § 12.24. *Revelation to sexual partners*
- § 12.25. *Disclosure to minors, mentally and physical challenged*
- § 12.26. *Sanction for violating confidentiality*
- § 12.27. *Willful transmission of HIV*
- § 12.28. *Prohibition of discrimination and vilification on the basis of actual or perceived HIV status*

§ 12.1. Definitions

In this Chapter, unless the context otherwise requires, the following words and phrases shall have the meaning(s) ascribed to them:

1. **“Acquired Immune Deficiency Syndrome (AIDS)”** means a condition characterized by a combination of signs and symptoms caused by HIV, which attacks and weakens the immune system of the body, exposing the infected individual to other potentially fatal infections.
2. **“Anonymous Screening Test (AST)”** means the procedure whereby the individual tested does not reveal his/her true identity. An identification number is used to replace the person's name, thus allowing the laboratory conducting the test and the person undergoing the test to match the result of the analysis with the identification number.
3. **“Gender”** means the economic, social and cultural attributes and opportunities associated with being male and female at a particular point in time and in a given cultural context.
4. **“Human Immunodeficiency Virus (HIV)”** means the pathogenic organism responsible for the virus that causes acquired immunodeficiency syndrome (AIDS).
5. **“HIV and AIDS Monitoring”** means the documentation and analysis of the number of HIV infections.
6. **“HIV Prevention and Control”** means measures aimed at preventing non-infected people from becoming infected with HIV and minimizing the impact of the disease on PLHIV.
7. **“HIV Positive”** means the result of a screening test revealing the presence of HIV or antibodies in the sample test.
8. **“HIV Negative”** means the absence of HIV or HIV antibodies during the sample test.
9. **“HIV Screening Test”** means a laboratory test conducted on an individual to determine the presence or the absence of infection by HIV.

10. **"HIV Transmission"** Means infection of a person by another who is already infected. Infection can occur through sexual intercourse, blood transfusion or the sharing of intravenous needles, skin piercing instruments or mother-to-child transmission.
11. **"HIV Risk Behavior"** means a. frequent participation by a person in activities that increase the risk of transmission or acquisition of HIV.
12. **"Medical Confidentiality"** means relationship of trust existing or which should exist between a patient and his/her doctor or any health agent, paramedical staff, health worker, laboratories, pharmacies or people of similar status (PLHIV) as well as any person whose professional or official prerogatives allow him/her to have access to such information.
13. **"PLHIV"** means People Living with HIV or a person whose screening test, directly or indirectly reveals that he/she is infected with HIV.
14. **"Pre-test Counseling"** means information given to a person on biomedical and social and behavioral aspect of HIV and AIDS and on the results of the test as well as the information needed before he/she undergoes the screening test.
15. **"Post-test Counseling"** means information given to a person who has undergone an HIV screening test as well as the counseling when the result of the test is given.
16. **"Prophylaxis"** means any agent or instrument which serves to prevent disease transmission.
17. **"Public Broadcast Media"** means radio broadcasting, television, cinema, print media, posters, exhibits, Handbills, flyers, other written documents or pictures of any kind, speeches, songs and generally any information aimed at reaching the public.
18. **"STD"** means Sexually Transmitted Disease.
19. **"Willful Transmission"** means transmission of HIV that occurs through an act done knowingly and purposely to transmit HIV to another person.

§ 12.2. Disease to which this Chapter is applicable

The provisions of this chapter shall apply to Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). HIV is the virus and AIDS is the disease within the meaning in Section 12.1 of this Chapter. All provisions that are applicable to the control and prevention of the virus or disease shall be applicable for the control of HIV, except otherwise provided under this chapter.

§ 12.3. Education, information and materials on HIV and AIDS

1. The Ministry of Health, the Ministry of Education, and the Ministry of Youth and Sports, shall include information on the causes, modes of transmission and ways to prevent HIV and other Sexually Transmitted Infections (STI) in the sexuality education curriculum as provided for in Subchapter B of Chapter 49.
2. The Ministry of Health and/or the National AIDS Commission (as appropriate) must ensure that, when providing the education, information, training, pre- and post- test counseling, notification of HIV test results, healthcare and other HIV-related services as

authorized in this Chapter, the provision of such services shall take into account differences in sex and gender.

§ 12.4. Education, information and materials on HIV and AIDS as part of the national response

1. Education, information and materials on HIV must be part of health services and part of the national response. The knowledge and capacity of employees to appropriately disseminate information and education on HIV shall be improved.
2. Government shall ensure that education, information and materials on HIV must be a part of the health and social services and all other ministries and departments within the public and private sectors as part of the national response.
3. Doctors and other health care workers in the public and private sectors and in enterprises shall make available to their patients, the information needed for controlling the spread of HIV and those which help counteract pre-conceived ideas on this infection. The knowledge and capacity of employees in this area to appropriately provide education and disseminate information on HIV must be improved. Training of health personnel shall include discussions on issues related to ethics and human rights in the context of HIV, confidentiality, informed consent and obligation to provide treatment.

§ 12.5. Education of nationals traveling abroad

Government shall train all its personnel appointed abroad on the causes, prevention, control and consequences of HIV. In collaboration with the Ministry of Health, the Ministries of Foreign Affairs, Labor, Justice, Information & Tourism and the Bureau of Immigration shall ensure that such training is carried out and be in charge of enforcing the provision of this Section. Companies and institutions shall also ensure that their personnel are trained in the prevention, control and consequences of HIV and shall provide the appropriate information on HIV to all employees whether on land, air or sea.

§ 12.6. HIV information and materials for tourist and transit passengers

Government shall provide information and materials at all ports of entry and exit and major tourist sites on the causes, modes of transmission, prevention, control and consequences of HIV infection. The National AIDS Commission in collaboration with the Ministries of Health, Foreign Affairs, Justice, Information & Tourism and Immigration shall ensure that such provision is executed and enforced.

§ 12.7. Awareness of HIV and AIDS in the workplace and communities

1. All employees of the public and private sectors, member of the armed forces and security services shall receive a standardized basic training in HIV and AIDS prevention, control and how to avoid risky behaviors. The Government of Liberia in collaboration with the National Aids Commission shall ensure that this Section is executed and enforced.

2. In collaboration with the National AIDS Commission, the Ministry of Health, the Ministry of Education, the Ministry of Labor, the Ministry of Gender and Development and the Ministry of Youth and Sports, other ministries, department and agencies concerned, civil society organizations shall launch an awareness campaign in all enterprises both public and private.
3. The National AIDS Commission shall from time to time in collaboration with the Ministry of Health, the Ministry of Gender and Development, the Ministries of Labor and Youth and Sports, other ministries, departments and agencies, non-governmental and faith based institutions and civil society organizations, launch an education and information awareness campaign on HIV and AIDS throughout the country.

§ 12.8. HIV in prison institutions

Information and materials on the causes, modes of transmission, prevention, control and consequences of HIV infection shall be provided in the most appropriate way at all prison facilities and institutions. The Ministry of Justice shall ensure that this provision is executed and enforced. All other provisions of this Chapter shall be implemented in prison.

§ 12.9. HIV and AIDS among Women and Girls

1. *Sex and Gender.* The Ministry of Health and/or National AIDS Commission must ensure that, when providing the education, information, training, pre- and post-test counseling, notification of HIV test results, healthcare and other HIV-related services as provided for in this Chapter, the provision of such services shall consider the differences in sex and gender.
2. *National strategies, policies and programs regarding HIV among women and girls.* The Ministry of Health and/or National AIDS Commission, in consultation with the relevant Ministries and key stakeholders, shall develop and implement strategies, policies and programs that respect, protect and fulfill the human rights of women and girls in the context of the HIV epidemic. These strategies, policies and programs shall address issues such as:
 - (a) The equality of women and girls at home and in public life;
 - (b) The sexual and reproductive rights and responsibilities of women and men, including women's right to refuse sex and the right and ability to negotiate safer sex and the right to access health and reproductive services independently; and men's responsibilities to take equal responsibility for sexual and reproductive health and outcomes; to avoid rape, sexual assault and domestic violence, inside and outside marriage; and to avoid sexual relations with a minor;
 - (c) Strategies for increasing educational, economic, employment and leadership opportunities for women;
 - (d) Sensitizing service deliverers and improving health care and social support
 - (e) services for women; and
 - (f) Strategies for reducing inequalities found in formal and customary laws with

- (g) respect to marriage, divorce, property, custody of children, inheritance and others; and
 - (h) The impact of religious and cultural traditions on women and girls with the aim of promoting the full enjoyment by women and girls of their human rights.
3. *Pregnant women living with HIV*
- (a) Women living with HIV have the rights to marry and found a family.
 - (b) The Ministry of Health shall, in consultation with the relevant Ministries and key stakeholders, develop and implement national instructions regarding all matters which are to be followed by all health care providers and any other relevant persons when providing health care to women living with HIV who are pregnant.
 - (c) The national instructions referred to in Subsection 3(b) must ensure that a woman living with HIV who is pregnant or plans to become pregnant has such counseling, information and services as to enable her to make fully informed and voluntary decisions in matters affecting her health and pregnancy, including:
 - i. HIV testing, including pre- and post- test counseling;
 - ii. options for protecting her health as a woman living with HIV, and
 - iii. In options for preventing transmission of HIV to her child before, during and after the birth of the child.
4. *National instructions and directives regarding rape, sexual assault and domestic violence against Women and Girls:*
- (a) The Ministry of Health shall, in consultation with the relevant Ministries and key stakeholders, develop and implement national instructions regarding all matters which are to be followed by all health care providers and any other relevant persons when dealing with rape, sexual assault and domestic violence cases, with particular reference, among other things, to:
 - i. the offer and administration of post-exposure prophylaxis to reduce the likelihood of HIV infection as a result of the assault;
 - ii. the manner in which HIV test results must be dealt with in order to ensure confidentiality;
 - iii. the manner in which the reporting of an alleged case of rape, sexual assault and/or domestic violence is to be dealt with if the case is reported to a public health establishment; and
 - iv. the manner in which assistance to the complainant in the investigation and prosecution of rape, sexual assault and/or domestic violence, generally, must be provided in order to fully protect the rights and health of women who are victims of violence.
 - (b) The Ministry of Health shall, in consultation with the relevant Ministries and key stakeholders, develop and implement training courses for health care providers.
 - (c) The Ministry of Justice and the Liberian National Police shall, in consultation with the relevant Ministries and key stakeholders, develop and implement national

instructions regarding all matters which must be followed by all security personnel who are tasked with receiving reports of and the investigation of rape, sexual assault and domestic violence, including the following:

- i. the manner in which the reporting of an alleged case of rape, sexual assault and domestic violence is to be dealt with by police officials;
 - ii. the manner in which rape, sexual assault and domestic violence cases are to be investigated by police officials, including the circumstances in which an investigation in respect of a rape, sexual assault and domestic violence case may be discontinued in order to fully protect the rights and health of women who are victims of violence.
- (d) The Ministry of Justice and the Liberia National Police shall, in consultation with the relevant Ministries and key stakeholders, develop and implement a training course for security personnel which must:
- i. include training on the national instructions referred to in Subsection 4(c);
 - ii. include social context training in respect of rape, sexual assault and domestic violence; and
 - iii. provide for and promote the use of uniform norms, standards and procedures, with a view to ensuring that as many police officers as possible are able to deal with rape, sexual assault and domestic violence cases in an appropriate, efficient and sensitive manner.
- (e) The Ministry of Justice shall, in consultation with the relevant Ministries develop and implement directives regarding all matters which are to be followed by all members of the prosecuting authority who are tasked with conducting prosecutions of rape, sexual assault and domestic violence cases, including the following:
- i. the manner in which rape, sexual assault and domestic violence cases should be dealt with in general, including the circumstances in which a charge may be withdrawn or a prosecution stopped;
 - ii. the circumstances in which the prosecution must request the court to consider directing that the proceedings not take place in open court and in which the court should consider prohibiting the publication of the identity of the complainant: and
 - iii. the information to be placed before the court during sentencing, including pre-sentence reports in order to fully protect the rights and health of women who are victims of violence.
- (f) The Ministry of Justice shall, in consultation with the relevant Ministries and key stakeholders, develop and implement training courses for Public Prosecutors to:
- i. include training on the directives referred to in Subsection 4(e);
 - ii. include social context training in respect of rape, sexual assault and domestic violence and

- iii. provide for and promote the use of uniform norms, standards and procedures, with a view to ensuring that as many prosecutors as possible are able to deal with rape, sexual assault and domestic violence cases in an appropriate, efficient, and sensitive manner.

§ 12.10. National strategies, policies and programs regarding HIV among vulnerable groups

The Director of the National AIDS Commission, in consultation with the relevant Minister(s) and key stakeholders, shall develop and implement strategies, policies and programs to promote and protect the health of those vulnerable groups which currently have high or increasing rates of HIV infection or which public health information indicates are most vulnerable to new infection as indicated by such actors as the local history of the epidemic, poverty, sexual practices, drug-using behavior, livelihood, institutional location, disrupted social structures and population movements (forced or otherwise).

§ 12.11. Information on packaging of medicines intended for sale or free distributions

1. Government shall ensure that the appropriate information is clearly written on the packaging of all medicines intended for sale, consumption or distribution. All information shall be printed in English.
2. The information provided shall contain appropriate use of the device or agent, its efficiency against the HIV infection and Sexually Transmitted Infections (STI). The Ministry of Health shall ensure the quality and efficiency of all drugs/medicines brought into the country before the sale, consumption or distribution.

§ 12.12. Dissemination of erroneous or false information

The dissemination of erroneous or false information on HIV and AIDS through publicity and solicitations or through whatever means of communication, commercial promotion of medicines, materials, agents and procedures, without the authorization of the Ministry of Health or its accredited agencies and without any medical and scientific foundations, as well as the inscription and indication on medicine packaging, materials or agents that are intended for curing HIV and AIDS or protecting against the disease is hereby prohibited. Violation of this subchapter is punishable by suspension or withdrawal of professional/commercial license by the appropriate professional board. Such suspension or withdrawal of license shall not preclude the imposition of fines as determined by regulation duly promulgated by the Ministry of Health.

§ 12.13. Public/private broadcasting media

The broadcasting of news relative to the prevention, treatment, care and support of HIV through advertising and solicitation, or through whatever means of broadcasting, marketing of medical products, agents and procedures used, without the prior authorization of the Ministry of Health or the 16. Traditional and Alternative/Complementary Medicine & Practice Board, and the indication on the drugs packaging, in the media or by the agents, that they are meant to treat HIV

and AIDS or protect against the disease, shall be punishable by a fine as imposed by regulations of the Ministry.

§ 12.14. Surgical interventions and procedural guidelines

1. In consultation with professional organizations concerned and hospital associations, the Ministry of Health and other relevant institutions shall develop regulations and guidelines on the precautions to be taken in order to avoid HIV transmission during surgical interventions, dental care, embalming, tattooing, traditional and other practices and similar procedures.
2. The Ministry of Health shall also develop guidelines and regulations for the handling and disposal of bodies and body wastes of people known or suspected of being HIV positive and who dies as a result of AIDS. All necessary equipment such as gloves, glasses and coats/overall shall be made available to all doctors and other health care providers and other personnel exposed to the risk of HIV infection within the communities and health institutions.

§ 12.15. Sanctions for risky practices and procedures by health care professionals

Whosoever, through clumsiness, negligence, carelessness or recklessness infects another person with HIV in the fulfillment of his/her profession, shall be tried for such offense under the Penal Law of Liberia. If the offense is committed by a hospital, institution or clinic, the hospital, institution and/or clinic shall be fined by the Ministry of Health subject to regulations. The HIV infected person shall have the right to institute civil action for relief and/or damages before a court of competent jurisdiction.

§ 12.16. Traditional medicine

The administration of any traditional medicine as a cure for HIV and AIDS, except as approved by the Traditional and Alternative/Complementary Medicine & Practice Board or the Ministry of Health, shall be a first degree misdemeanor and punishable under the Penal Law of Liberia.

§ 12.17. Health and counseling center

1. The Government shall develop and adopt rules establishing a system of anonymous HIV screening which shall guarantee the anonymity and medical confidentiality of person undertaking these tests. In order to operate, all the centers, hospitals, clinics and laboratories providing HIV testing and counseling services shall obtain authorization from the Ministry of Health.
2. All centers, hospital, clinics and laboratories, authorized to carry out HIV testing and counseling shall provide and all persons tested under this Section shall be provided pre-test and post-test counseling. However, counseling services shall only be provided by trained professionals who meet the standards of the Ministry of Health as HIV counselor, in

accordance with regulations made by the Ministry of Health; provided, that the counseling shall be in accordance with acceptable medical standards. The Ministry of Health shall assist in the building of HIV testing and counseling capacities of hospitals, clinics, laboratories and other testing centers by providing training to the personnel providing this service.

3. PLHIV shall be provided with adequate training programs with the aim of becoming self-reliant and self-sufficient. No one shall have the right to deny PLHIV full participation in out-reach activities, self-help programs that are designed to further their training and capacities.

§ 12.18. Requirements related to blood, blood products and tissues or organ donation

1. All human blood, blood related products, tissues and organs donated shall be tested for HIV and AIDS. Laboratories or similar institutions are not allowed to accept for use or keep blood, tissue and organs donated, whether it is bought or provided free of charge unless sample of the donor's blood, tissues or organs have been tested HIV negative.

Laboratories or institutions that receive donated blood, blood products, tissues or organs are required to follow the international and national guidelines with regard to collection, storage, transfusion transplantation and disposal of blood, blood products, tissues or organs. No blood or tissues maybe transfused or administered when blood or tissues from the donor have not been tested or have tested positive for HIV infection by a certified laboratory test. Blood, tissues and organs infected by the HIV virus shall be immediately disposed of in a safe manner. However, blood, tissues and organs may be used for research purposes.

§ 12.19. Health and social services in centers and communities Health Services

1. People living with HIV shall receive basic health care in all institutions (public and private) specializing in the treatment of HIV and AIDS and government shall ensure that these services are affordable. The country facilities in collaboration with non-governmental organizations (NGOs), people living with HIV, providers of health services within communities, and other care-givers shall be provided with information on the prevention and control of HIV and AIDS.
2. *Social Services.* People living with HIV shall also receive basic social services from all institutions (public and private) specializing in and providing such services and government shall ensure that these basic social services are provided and afforded. These social services institutions (public and private) in collaboration with other institutions shall provide information on the basic social services provided by them to people living with HIV.

§ 12.20. Treatment of sexually transmitted diseases

The Ministry of Health shall be responsible for promulgating rules and regulations concerning the prevention, treatment and management of Sexually Transmitted Diseases (STD), Tuberculosis (TB) and other opportunistic infections associated with HIV and palliative care in order to fight the spread of HIV.

§ 12.21. Testing and Counseling for HIV

1. *Consent to undergo HIV Test:*

- (a) No one shall be compelled to undergo an HIV test without his/her consent whether oral or written. Such consent shall be required of the person concerned if he/she is of age or by his/her parent(s) or guardian(s) if the person is a minor or mentally disabled. In the event of donations of organs, cells or blood, the consent to undergo HIV test is legally assumed when a person willingly agrees to give his blood, organ or cell for transfusion, transplant or research.
- (b) A test for HIV infection shall be offered to any person by a doctor or other health care provider licensed to practice medicine in the country who is rendering medical services to person when, in the reasonable medical judgment of the physician, the test is necessary for the appropriate treatment of the person; however the person shall be informed that a test for HIV infection is to be conducted, and shall be given clear opportunity to refuse to submit to the test prior to it being conducted, and further if informed consent is not obtained, the test shall not be performed.
- (c) It is unlawful for any person to perform an HIV test except:
 - i. with the voluntary informed consent of the person to be tested; or
 - ii. where the person to be tested is aged or minor and is, in the opinion of the person providing the pre-test information, incapable of understanding the meaning and consequences of an HIV test, with the voluntary informed consent of a parent or other legal guardian of the person; or
 - iii. where the person to be tested has a disability which, in the opinion of the person providing the pre-test information, renders the person incapable of understanding the meaning and consequences of an HIV test, with the voluntary informed consent of one of the following persons, said consent shall be sought from these persons in the order in which they are listed:
 - (a) a legal guardian of the person; or
 - (b) a partner of the person; or
 - (c) a parent of the person; or
 - (d) a child aged 18 years or more of the person.
- (d) It is unlawful for any person to perform an HIV test except:
 - i. where pre-test information has preceded the test;

- ii. where the results of the test will be provided to the person tested, and where the person responsible for causing the test to be performed offers post-test counseling after the tested person has received their test results.
 - (e) This Section shall not apply to testing performed solely for research purposes under the approval of the Ministry of Health or the National Aids Commission. Specimens may be tested for HIV infection for research or epidemiologic purposes without the consent of the person from whom the specimen is obtained if all personal identifying information is removed from the specimen prior to testing.
2. Prohibition of the requirement to Undergo HIV Test not be a requirement for the following: employment, admission into schools or universities, access to accommodation, entry/stay in a country, or the right to travel, access to medical care or any other services except in the following cases mentioned below:

§ 12.22. HIV test results

1. Persons tested for HIV infection or their parent(s)/guardian(s) shall be notified of test results and counseled appropriately. For positive tests, the patient needs to be informed of his/her result and post-test counseling must be very extensive. All HIV screening test results shall be confidential and will only be handed to the following people:
- (a) the person who underwent the test
 - (b) the parent(s)/guardian(s) of a tested minor or under aged child
 - (c) the parent(s)/guardian(s) in the case of a mentally challenged person or orphan
 - (d) to a court of competent jurisdiction that has requested the test.
2. Government shall take all necessary measures to ensure that this Section is implemented and enforced.

§ 12.23. Confidentiality

1. *Confidentiality Generally:* It is unlawful for any person to disclose to a third party the results of an individual's HIV test result without the prior written consent of that individual, or in the case of a minor, the minor's parent, guardian, or agent, on a form that specifically states that HIV test results be released.
2. *Medical Confidentiality:* It is unlawful for medical or other support staff in health facilities, recruitment agencies, insurance companies, computer operators or any person who have access to patient medical records or the results of ones' HIV test to disclose such information. Government shall ensure that all health institutions, public or private, guarantee the confidentiality of medical, financial or administrative information it has on the hospitalization of PLHIV.

3. *Access to Confidential Information:* No one other than the person living with HIV can have access to such confidential information except in legal cases carried out under required legal norms, without violating the anonymity guaranteed by law. However, the medical confidentiality referred to in this Section will not be considered to have been violated if:
 - (a) The authorities of a health institution comply with the epidemiological requirements specified by the public health code,
 - (b) The health personnel is directly or indirectly involved in the treatment of the PLHIV,
 - (c) The health personnel are called to testify upon the request of a court of competent jurisdiction.

§ 12.24. Revelation to sexual partners

1. A health care provider providing treatment, care, or counseling service to a person infected with HIV may notify a sexual partner of the person living with HIV where:
 - (a) he/she is requested by the person living with HIV to do so; or
 - (b) where all the following circumstances exist:
 - i. in the opinion of the health care provider there is a significant risk of transmission of HIV by the person living with HIV to the sexual partner,
 - ii. counseling of the person living with HIV has failed to achieve a change in behavior necessary to reduce sufficiently the risk of HIV transmission to the sexual partner such that it is no longer significant,
 - iii. the person living with HIV has refused to notify, or consent to the notification of, the sexual partner,
 - iv. the health care provider gives the person living with HIV advance notice for a period that is reasonable in the circumstances, and
 - v. in the opinion of the health care provider the person living with HIV is not at risk of serious harm as a consequence of any notification to the sexual partner; or
 - (c) where any of the following circumstances exist:
 - i. the person infected with HIV is dead, unconscious or otherwise unable to give consent to the notification; or
 - ii. the person is unlikely to regain consciousness or the ability to give consent, or
 - iii. in the opinion of the health care provider, there is or was a significant risk of transmission of HIV by the person infected with HIV to the sexual partner.
2. The testing centers shall provide all the necessary counseling and psychological support to facilitate the disclosure of the HIV test results and help the couple to accept and adapt to the reality of the situation.

§ 12.25. Disclosure to minors, mentally and physical challenged

1. A child shall be entitled to information regarding his/her HIV status according to his/her age and capacity to comprehend the information. The doctor or any paramedical staff shall ensure that the disclosure is made by the appropriate means to facilitate acceptance and understanding of their status.
2. Physically and/or mentally challenged persons shall benefit from appropriate information. Those having access to such test result shall disclose the status of the mentally challenged person to the family and to his/her care givers using appropriate measures for their understanding and acceptance of his/her status. The medical persons mentioned in this Section are obliged to keep such information on the minor, physically and/or mentally challenged person confidential. However, a minor, physically and/or mentally challenged person may not be informed of his/her status as long as the doctor or paramedical staff deems it necessary and as long as this situation does not create a risk for the minor, physically and/or mentally challenged person and others.
3. Facilities and other health care providers subject to this Section will have documentation that each person with access to any confidential information understands and acknowledges that the information may not be disclosed except as provided herein. The Executive Director of the National AIDS Commission, in consultation with the Ministry of Health, shall establish protocols for collecting, maintaining and transferring the information (and ultimately destroying the information) to ensure the integrity of the transfer, and, if possible, the director may suspend any transfer, if he/she is not confident that the transfer is secured

§ 12.26. Sanction for violating confidentiality

1. The violation of the provisions of confidentiality herein shall be punishable by a fine to be imposed by the Ministry of Health regulation and/or the suspension and revocation of the person's professional license or operating permit for a period of time as imposed by the professional regulatory body.
2. The PLHIV shall have the right to institute civil action for relief and/or damages before a court of competent jurisdiction against any medical personnel and/or institution(s) for the unauthorized disclosure of confidential information.

§ 12.27. Willful transmission of HIV

1. It shall be considered a commission of a first-degree felony for any person(s) to willfully transmit HIV to another person or continue to have unprotected sex with his/her spouse or sexual partner knowing the positive result of his/her HIV test or status.
2. No person shall be criminally responsible under this Chapter or any other applicable law where the transmission of HIV, or exposure to the risk of HIV infection, arises out of or relates to:
 - (a) an act that poses no significant risk of HIV infection;

- (b) a person living with HIV who was unaware of his or her HIV infection at the time of the alleged offense;
- (c) a person living with HIV who lacks the understanding of how HIV is transmitted at the time of the alleged offense;
- (d) a person living with HIV who practices safer sex, including using a condom;
- (e) a person living with HIV who discloses his or her HIV-positive status to the sexual partner or other person before any act posing a significant risk of transmission,
- (f) a situation in which the sexual partner or other person was in some other way aware of the person's HIV-positive status;
- (g) a person living with HIV who did not disclose his or her HIV status because of a well-founded fear of serious harm by the other person; or
- (h) the possibility of transmission of HIV from a woman to her child before or during the birth of the child, or through breastfeeding of an infant or child.

§ 12.28. Prohibition of discrimination and vilification on the basis of actual or perceived HIV status

1. *Protection against Discrimination:* Any person living with HIV or perceived to be living with HIV shall have every protection of the law made available to them by government. Widows and orphans of people who died from this disease shall not be deprived or denied the right to own or inherit property, basic health and social services or their basic human rights provided for under the law.
2. *Discrimination in the Workplace:* No person, agency, organization, or corporate body shall discriminate against a person on the basis of actual or perceived HIV status, in housing, employment, the granting of credit, public accommodation, or delivery of services, nor shall an HIV test be required as a condition of employment, continued employment, promotion except where it can be shown, on the testimony of competent medical authorities, that such person is a clear and present danger of HIV transmission to others.
3. *Discrimination at School and Health Facilities:* No person, agency, organization, or corporate body shall deprive or tend to deprive any person or individual of an education or other educational services, health or health related services, insurance or other related services on the basis of that person or individual's actual or perceived HIV status.
4. *Discrimination against Public/Private facilities and services:* A person, agency, organization, or corporate body, public or private shall not discriminate against any person or individual, or deprive or tend to deprive any person or individual of access to government and private services, to elected offices, to public or private accommodations, to travel within or without the country and other related services on the basis of the fact that the person or individual is, or is regarded as being, infected with HIV. No one should be quarantined, deprived from entering the country or forced to leave the country on the basis of actual or perceived HIV status.
5. *Prohibition of vilification:*

- (a) It is unlawful for a person, by a public act, to incite hatred towards, serious contempt for, or severe ridicule of a person or group of persons on the ground that the person is, or members of the group are, living with HIV or perceived to be living with HIV (whether or not actually living with HIV).
 - (b) Nothing in this article renders unlawful
 - i. a fair report of a public act referred to in Subsection 5(a) or
 - ii. a public act, done reasonably and in good faith, for academic, artistic, scientific, research or religious discussion or instruction purposes, or for other purposes in the public interest, including discussion or debate about and expositions of any act or matter.
6. *Penalty for Discrimination:* Any violation of this Section shall be punishable by a fine imposed by the Ministry of Health regulation. Any person aggrieved by a violation of this Section shall have a right to bring a civil action in a court of competent jurisdiction and may recover for damages for discrimination.

Chapter 13. EXPEDITED PARTNER THERAPY (EPT) FOR CHLAMYDIA, GONORRHEA, &TRICHOMONIASIS

§ 13.1. *Definition*

§ 13.2. *Purpose*

§ 13.3. *Prescribing providers authorized to issue EPT*

§ 13.4. *Counseling and Educational Information Requirements.*

§ 13.5. *Pharmacist or dispenser to dispense*

§ 13.1. Definition

1. **“Antibiotic therapy”** means the oral drug regimens currently recommended by the National Therapeutic Guidelines for Liberia (2017) or its successor therapeutic guidelines for the treatment of chlamydia, gonorrhoea, or trichomoniasis through expedited partner therapy.
2. **“Expedited partner therapy (EPT)”** means the prescribing or dispensing of antibiotic therapy to any partner of a patient diagnosed with chlamydia, gonorrhoea or trichomoniasis by certain health care providers without making a personal physical assessment of the partner, and without having a previous provider-patient relationship with the partner, in order to contain and stop the further spread of the infection and reduce the likelihood of reinfection in the diagnosed patient.
3. **“Partner”** means an individual with whom one has, or has had, sexual contact.
4. **“Prescribing health care provider” or “Provider”** means a licensed physician, physician assistant, dentist, an advanced practice nurse, a registered nurse, or other health care practitioners otherwise authorized to make prescriptions in the Republic of Liberia.

5. “minor” refer to person who is below the age of 18.

§ 13.2. Purpose

1. The purpose of expedited partner therapy is to provide antibiotic therapy to any partner of a patient diagnosed with a sexually transmitted infection identified in Subsection 13.2(2) in order to:
 - (a) contain and stop the further spread of the infection; and
 - (b) reduce the likelihood of reinfection in the diagnosed patient.
2. Notwithstanding any other provision of law, the following health care providers may prescribe, dispense, or otherwise provide antibiotic therapy to any sexual partner of a patient diagnosed with chlamydia, gonorrhea, or trichomoniasis without making a personal physical assessment of the patient’s partner:
 - (a) physician,
 - (b) physician assistant,
 - (c) an advanced practice nurse,
 - (d) a registered nurse,
 - (e) a licensed midwife (not a traditional midwife).
 - (f) other health care practitioners authorized to make prescription in The Republic Liberia.
3. Partners eligible for EPT are the most recent partner(s) of the patient.
4. This Section shall not be construed to otherwise expand the prescribing or dispensing authority of any of the health care practitioners listed under Subsection 13.2(2).
5. The Minister shall adopt regulations to implement the requirements of this Subsection.

§ 13.3. Prescribing providers authorized to issue EPT

1. Notwithstanding any conflicting provision of this Title or regulation promulgated by the Ministry of Health, a health care provider identified under §13.2 (b) may issue a prescription for or personally furnish a complete or partial supply of a drug to treat chlamydia, gonorrhea, or trichomoniasis, without having examined the individual for whom the drug is intended, if all of the following conditions are met:
 - (a) The individual is a sexual partner of the prescribing provider’s patient;
 - (b) The patient has been diagnosed with chlamydia or gonorrhea, or trichomoniasis; and
 - (c) The patient reports to the prescribing provider that the individual is unable or unlikely to be evaluated or treated by a health professional.
2. A prescription issued under this Subsection shall include the individual's name and address, if known. If the prescribing provider is unable to obtain the individual's name and address, the prescription shall include the patient's name and address and the words "expedited partner therapy" or the letters "EPT."

3. A prescribing provider may prescribe or personally furnish a drug under this Subsection for not more than a total of two individuals who are sexual partners of the provider's patient.
4. For each drug prescribed or personally furnished under this Subsection, the prescribing provider shall do all of the following:
 - (a) provide the patient with information concerning the drug for the purpose of sharing the information with the partner, including directions for use of the drug and any side effects, adverse reactions, or known contraindications associated with the drug;
 - (b) recommend to the patient that the partner seek treatment from a health professional;
 - (c) document all of the following in the patient's record:
 - i. the name of the drug prescribed or furnished and its dosage;
 - ii. that information concerning the drug was provided to the patient for the purpose of sharing the information with the partner;
 - iii. if known, any adverse reactions the patient experiences from treatment with the drug.
5. A prescribing provider who prescribes or personally furnishes a drug under this Subsection may contact the individual for whom the drug is intended. If the prescribing provider contacts the individual, the provider shall do all of the following:
 - (a) inform the partner that the patient may have been exposed to chlamydia, gonorrhea, or trichomoniasis;
 - (b) encourage the partner to seek treatment from a health professional;
 - (c) explain the treatment options available to the partner, including treatment with a prescription drug, directions for use of the drug, and any side effects, adverse reactions, or known contraindications associated with the drug;
 - (d) document in the patient's record that the provider contacted the partner;
 - (e) if the prescribing provider does not contact the partner, the provider shall document that fact in the patient's record.
6. Any person who receives EPT should come for a follow up visit to the prescribing health facility within three days.
7. A prescribing provider who in good faith prescribes or personally furnishes a drug under this Subsection in accordance with guidelines is not liable for or subject to any of the following:
 - (a) damages in any civil action;
 - (b) prosecution in any criminal proceeding;
 - (c) professional disciplinary action.

§ 13.4. Counseling and Educational Information Requirements.

1. A health care provider prescribing or dispensing EPT to a patient shall:

- (a) Counsel the patient to encourage each partner to seek a personal physical assessment; and
 - (b) Provide the patient with educational information for each partner in accordance with Subsection 13.4(3) of this Section.
2. A pharmacist dispensing EPT shall provide educational information for each partner in accordance with Subsection 13.4(3) of this Section.
3. The educational information shall include:
- (a) advice for the partner to seek a medical evaluation;
 - (b) information about chlamydia and gonorrhea;
 - (c) medication instructions;
 - (d) warnings about adverse drug or allergic reactions; and
 - (e) advice to abstain from sexual activity as required during treatment.

§ 13.5. Pharmacist or dispenser to dispense

1. Notwithstanding any conflicting provision of this Subsection or rule adopted by the Ministry of Health, a pharmacist/dispenser may do both of the following with respect to a prescription issued under this Subsection:
- (a) Dispense a drug pursuant to the prescription;
 - (b) Label a drug dispensed pursuant to the prescription without the name of the individual for whom the drug is intended if the prescription contains the words "expedited partner therapy "or the letters "EPT."
2. For each drug dispensed under this Subsection, the pharmacist/ dispenser shall provide all of the following information:
- (a) directions for use of the drug;
 - (b) any side effects, adverse reactions, or known contraindications associated with the drug.
3. A pharmacist/dispenser who in good faith dispenses a drug under this Subsection is not liable for or subject to any of the following:
- (a) damages in any civil action;
 - (b) prosecution in any criminal proceeding;
 - (c) Professional disciplinary action.

Chapter 14. ANTI-DISCRIMINATION POLICY

§ 14.1. Definitions

§ 14.2. Public Anti-Discrimination Principle

§ 14.3. Private Anti-Discrimination Principle

§ 14.4. *Employment Anti-Discrimination Principle*

§ 14.5. *Government Officials*

§ 14.6. *Rights of people affected by communicable diseases and conditions of public health importance (including HIV, Ebola Virus Disease, Leprosy, etc.)*

§ 14.7. *Penalty for Discrimination*

§ 14.1. **Definitions**

In this Chapter, unless the context otherwise requires, the following words and phrases shall have the following meaning(s) ascribed to them:

1. **“Current Health Status”**: Any medical problems an individual is currently affected by or any treatments an individual is undergoing, including whether or not an individual is currently affected by any communicable disease or condition of public health importance, including, but not limited to, HIV, Ebola Virus Disease, and Leprosy.
2. **“Medical History”**: An individual’s history of past medical problems and treatments, including whether or not they have been affected by any communicable disease or condition of public health importance, including, but not limited to, HIV, Ebola Virus Disease, and Leprosy.
3. **“Survivor”**: A person who has been affected by a communicable disease or condition of public health importance and survived, registered or not; and their households. With respect to survivors of Ebola Virus Disease (EVD), it is not limited to those listed on a ‘survivors registry’ or officially discharged with EVD Survivor’s Certificates from the Ebola Treatment Units (ETU)s, but also those who recovered at home or whose treatment at health facilities was never registered.

§ 14.2. **Public Anti-Discrimination Principle**

No citizen of the Republic of Liberia shall, on the grounds of age, current health status, disability, ethnicity, medical history, nationality, race, religious beliefs, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving government funds.

§ 14.3. **Private Anti-Discrimination Principle**

All persons shall be entitled to the full and equal enjoyment of the goods, services, facilities, and privileges, advantages, and accommodations of any place of public accommodation, including hotels, guesthouses, resorts, restaurants, cafeterias, gas stations, stadiums, cinemas, theaters, or similar establishments whose operations affect commerce, without discrimination or segregation on the grounds of age, current health status, disability, ethnicity, medical history, nationality, race, religious beliefs, or sex.

§ 14.4. **Employment Anti-Discrimination Principle**

No employer in the Republic of Liberia, shall, on the grounds of age, current health status, disability, ethnicity, medical history, nationality, race, religious beliefs, or sex, deny employment to a qualified applicant.

§ 14.5. Government Officials

The Minister, Employees of the Ministry of Health, and Local Authorities shall not discriminate in an unlawful manner against individuals on the basis of their age, current health status, disability, ethnicity, medical history, nationality, race, religious beliefs, or sex.

§ 14.6. Rights of people affected by communicable diseases and conditions of public health importance (including HIV, Ebola Virus Disease, Leprosy, etc.)

Recognizing that discrimination against any person on the basis of disability, current health status, or medical history is a violation of the inherent dignity and worth of the human person:

1. *Anti-Discrimination Principle:* No one shall practice, introduce, or support in any form or manner discrimination, vilification, stigmatization, or segregation against survivors whose medical history includes one or more communicable diseases or conditions of public health importance, or individuals whose current health status includes one or more communicable diseases or conditions of public health importance, or their family members.
2. *Protection against Discrimination:* Any survivor, or perceived survivor, of a communicable disease or condition of public health importance, as well any person living with, or perceived to be living with, a communicable disease or condition of public health importance, shall have every protection of the law made available to them by government. Widows and orphans of people who died or were perceived to have died from a communicable diseases or condition of public health importance, shall not be deprived of or denied their basic human rights, including the right to own or inherit property, and receive basic health and social services.
3. *Discrimination in the Workplace:* No person, agency, organization, or corporate body shall discriminate against a person on the basis of their actual or perceived medical history, being a survivor of a communicable disease or condition of public health importance; or actual or perceived current health status, in housing, employment, the granting of credit, public accommodation, or delivery of services, nor shall an HIV, or similar medical test be required as a condition of employment, continued employment, promotion except where it can be shown, on the testimony of competent medical authorities, that such precautions are justified on a public health basis.
4. *Discrimination at School and Health Facilities:* No person, agency, organization, or corporate body shall deprive or tend to deprive any person or individual of an education or other educational services, health or health related services, insurance or other related services on the basis of that person or individual's actual or perceived medical history or current health status.

5. *Discrimination against Public/Private facilities and services:* No person, agency, organization, or corporate body, public or private shall discriminate against any person or individual, or deprive or tend to deprive any person or individual of access to government or private services, to elected offices, to public or private accommodations, including hotels, guesthouses, resorts, restaurants, cafeterias, gas stations, stadia, cinemas, theaters, or similar establishments whose operations affect commerce, to travel within or without the country and other related services on the basis of that persons actual or perceived medical history or current health status.
6. *Prohibition of vilification:*
 - (a) It is unlawful for a person, by a public act, to incite hatred towards, serious contempt for, or severe ridicule of a person or group of persons on the grounds of the person's actual or perceived medical history or current health status.
 - (b) Nothing in this article renders unlawful
 - i. A fair report of a public act referred to in Subsection 6(a) or
 - ii. A public act, done reasonably and in good faith, for academic, artistic, scientific, research or religious discussion or instruction purposes, or for other purposes in the public interest, including discussion or debate about and expositions of any act or matter.
7. Parties shall prohibit all forms of discriminations on the basis of actual or perceived disability, medical history, or current health status and guarantee to all persons equal and effective legal protection against discrimination on all grounds.

§ 14.7. Penalty for Discrimination

Any violation of this Section shall constitute a misdemeanor. Any person aggrieved by a violation of this Section shall have a right to bring a civil action in a court of competent jurisdiction and may recover damages for discrimination.

Chapter 15. CONTROL OF COMMUNICABLE DISEASES IN PUBLIC AND PRIVATE INSTITUTIONS

§ 15.1. Minister to supervise public health aspects of health and social welfare institutions.

§ 15.2. Medical examinations required for staff of all health and social welfare institutions.

§ 15.3. Isolation in hospitals and other institutions.

§ 15.4. Specific requirements pertaining to children's institutions.

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§ 15.9. Government hospitals to furnish examinations to persons exempted from payment.

§ 15.10. Penalty for issuance of false certificates.

§ 15.11. Penalty for failure to have medical examination.

§ 15.1. Minister to supervise public health aspects of health and social welfare institutions.

The Minister is charged with the duty of inquiring from the standpoint of public health, including the administration of medical care and health related services, into the operation of all hospitals, mental institutions, maternity clinics, sanatoriums, nursing homes, convalescent homes, infirmaries and any other institution where invalids or convalescents are treated or received, and every institution operated for the express purpose of receiving or caring, for the indigent or aged, or for dependent, neglected or destitute children or juvenile delinquents, whether publicly or privately controlled, and shall conduct periodic inspections of their facilities with respect to the fitness and adequacy of their premises, equipment, personnel, rules and by-laws, standards and administration of medical care and health related services.

§ 15.2. Medical examinations required for staff of all health and social welfare institutions.

No person shall be assigned to work in any health or social welfare institution specified in Section 15.1 above, or in a kitchen which prepares food and drink for any such institution, until he has been given a thorough medical examination by a licensed physician including a chest x-ray. Thereafter such personnel shall undergo annual medical examinations which shall also include such tests and shall further undergo such additional interim examinations as the Minister may require. Individual records of all such medical examinations, tests and x-rays shall be forwarded to and kept on file by the persons in charge of such institutions. All such personnel shall report any symptoms of illness to a licensed physician designated by the institution by which they are employed and if found to be affected with a communicable disease, shall be suspended from working in such institution pursuant to instructions contained in a medical exemption certificate provided by such licensed physician.

§ 15.3. Isolation in hospitals and other institutions.

1. The person in charge of an institution referred to in Section 15.1 shall isolate cases of persons affected with a communicable disease or condition of public health importance, including carriers and suspected cases and shall provide facilities which can be used for their isolation. When the strict application of the provisions of this Section presents practical difficulties or unusual hardships, the Minister, in a specific instance, may modify the application of such provisions consistent with the general purpose of this Section and upon such conditions as in his opinion are necessary for the protection of the public health. The health status of those individuals who are isolated hereunder must be monitored regularly by a licensed physician to determine if they continue to require detention,
2. Isolation must be immediately terminated when an individual poses no substantial risk of transmitting a communicable disease to others.

§ 15.4. Specific requirements pertaining to children's institutions.

The following specific requirements shall be observed by every institution, whether publicly or privately controlled, operated for the express purpose of receiving or caring for dependent, neglected or destitute children, or juvenile delinquents, except hospitals:

1. Each institution shall have attached to its staff a licensed physician who shall visit the institution at least once a month. When he is appointed, the Minister shall be notified of the physician's name and address which shall also be kept posted conspicuously within such institution.
2. Upon admission of a child, and before permitting him to come into contact with other children, the person in charge of the institution shall make inquiries whether the child is affected with, or a carrier or a recent contact of a communicable disease. If there is reason to suspect that such child may endanger the health of the other children, he shall not be permitted to come into contact with them until a licensed physician examines him and authorizes his release from isolation.
3. Either immediately prior to admission or as soon as possible after admission, each child shall receive a complete medical examination by the institution's physician who shall furnish to the institution a signed statement containing a summary of the results of the examination, the past medical history, plans for the health supervision of a child with a mental or physical disability, and if a communicable disease is found or suspected, recommendations for isolation or treatment of the child or modification of his activities. Thereafter he shall be thoroughly examined by the institution's physician at least once a year if under six years of age, and at least twice between the age of six and twelve years, and within ten days before he/she is discharged from the institution. Any child placed into isolation as a result of a suspected communicable disease shall be examined regularly by a licensed physician to determine if they continue to require detention. Isolation must be immediately terminated when the child poses no substantial risk of transmitting a communicable disease to others. Any decision to isolate a child due to a suspected or confirmed communicable disease is subject to the least restrictive alternative requirement in Section 1.3(4).
4. When a child presents a health problem, is injured, or becomes ill so as to require medical care, he/she shall be examined and treated by a licensed physician and, if possible, his parents or guardian shall be notified immediately. If the necessary medical care or facilities cannot be provided at the institution, the child shall be removed to a hospital or other facility which can provide the proper care.
5. A health inspection of all children at such institutions shall be made daily by a responsible person who is familiar with the children and who is able to recognize signs of ill health; and in the infirmary of the institution there shall be available a schedule of standing orders for the temporary care of ill children in the absence of a physician. Medication, however, shall not be given except by order of a licensed physician.

§ 15.5. Compulsory medical examinations in schools.

1. *Of students upon admission.* Immediately prior to admission to a public or private school, including high schools and colleges, each student shall undergo a thorough medical examination by a licensed physician, including a tuberculin skin test or an x-ray examination of the chest. The examining physician shall furnish to the school a signed statement containing a summary of the results of the examination, the past medical history and, if a disease or abnormal condition is found, recommendations for treatment of the

student or modification of his activities. If the examining physician determines that the student has or is suspected of having a communicable disease or condition of public health importance, the physician may recommend treatment, isolation, or modification of activity. Any student that is placed into isolation as a result of a suspected communicable disease or condition of public health importance shall be examined regularly by a licensed physician to determine if he/she continues to require isolation. Isolation must be immediately terminated when the student poses no substantial risk of transmitting a communicable disease to others. Any decision to isolate a student due to a suspected or confirmed communicable disease or condition of public health importance is subject to the least restrictive alternative requirement in Section 1.3(4). A duplicate copy of the signed statement shall be filed by him with the County Health Administration having jurisdiction. No student shall be admitted to a school unless he has received such medical examination within 20 days prior to admission and a statement by the examining physician has been furnished to the school as provided hereunder, except that if such medical examination discloses that the student is a case, contact or carrier of communicable disease or condition of public health importance required to be isolated or excluded, he/she shall not be admitted until he/she presents a certificate of recovery issued by the County Health Administration having jurisdiction, or a written statement of a licensed physician indicating that he is no longer poses a substantial risk of transmitting a communicable disease to others and that the required period of isolation or exclusion has been ended.

2. *Annual examinations of students; recovery certificates required for readmission when attendance prohibited.* Each student in a public or private school, including high schools and colleges, shall be given a thorough medical examination, at least once a year after admission, including a tuberculin skin test, by a licensed physician who shall furnish a report thereof to the school as soon as possible thereafter. A duplicate copy shall be filed by him/her with the County Health Administration having jurisdiction. Persons in charge of such schools shall not permit a student who is a case, contact or carrier of communicable disease or condition of public health importance to attend when required to be isolated or excluded. A student who has been a case, contact or carrier of a communicable disease or condition of public health importance shall not be permitted to return to school until he presents a certificate of recovery issued by the County Health Administration having jurisdiction or a licensed physician's written statement, indicating that he no longer poses a substantial risk of transmitting a communicable disease to others and that the required period of isolation or exclusion has been ended.
3. *Of school staff.* A person in charge of a public or private school, including high schools and colleges and a teacher or any other person who regularly associates with students at school, shall not be permitted to work in such schools unless, before he/she begins his/her employment and thereafter at least annually and additionally at such intervals as may be prescribed by the Minister, he/she undergoes a thorough medical examination by a licensed physician, including a tuberculin skin test and has been declared by the examining physician to be healthy and capable of carrying out the responsibilities of his/her position. The examining physician shall furnish a copy of his report to the person in charge of the school and file a duplicate copy with the County Health Administration having jurisdiction. After having suffered a communicable disease or condition of public health importance, a person in charge of a public or private school, including high schools and colleges, a

teacher therein or any other person who in the course of his employment associates with students at school, shall not return to work until he presents a certificate of recovery issued by the County Health Administration having jurisdiction or a licensed physician's written statement, indicating that he/she no longer poses a substantial risk of transmitting a communicable disease to others and that the required period of isolation or exclusion has been ended.

§ 15.6. Persons engaged in Governmental operations.

1. *Civil employees of Government.* All civil employees of the Government shall submit to a thorough medical examination by a licensed physician at least once a year, including a tuberculin skin test. The examining physician, as soon as practicable, shall furnish a copy of his report to the governmental agency employing the person examined and file a duplicate copy with the County Health Administration having jurisdiction over such person, and if such person is found to be suffering from a communicable disease or condition of public health importance requiring isolation or exclusion, he shall not be permitted to work and shall not be allowed to return to work until he presents a certificate of recovery issued by the County Health Administration having jurisdiction or a licensed physician's written statement indicating that he no longer poses a substantial risk of transmitting a communicable disease to others and that the required period of isolation or exclusion has been ended.
2. *Members of the armed forces.* At least once each year, every member of the armed forces shall undergo a thorough medical examination by a licensed physician, including a tuberculin skin test. The examining physician, as soon as practicable, shall furnish a copy of his report to the commanding officer of the person examined and if such person is found to be suffering from a communicable disease or condition of public health importance requiring isolation or exclusion, he shall be relieved from duty and shall not be allowed to return to duty until he presents a certificate of recovery issued by a County Health Administration having jurisdiction over his case or a licensed physician's written statement, indicating that he no longer poses a substantial risk of transmitting a communicable disease to others and that the required period of isolation or exclusion has been ended.

§ 15.7. Persons committed to penal or correctional institutions.

As soon as practicable after admission, a person committed to a penal or correctional institution shall be given a thorough medical examination by a licensed physician. The examining physician shall furnish a copy of his report to the authority in charge of the institution and in addition to proper account being taken of any medical deficiencies found, if such person is found to be suffering from a communicable disease or condition of public health importance requiring isolation, provision shall be made within the institution or some suitable place elsewhere for such isolation until such person no longer poses a substantial risk of transmitting a communicable disease to others or until the required period of isolation has been ended.

§ 15.8. Persons employed in public places.

All persons employed in public places such as waiters in restaurants, hotel employees, particularly those employed in the capacity of room servants shall submit to a thorough medical examination by a licensed physician at least once a year, including a tuberculin skin test. The examining physician, as soon as practicable, shall furnish a copy of his report to the employer of the person examined and file a duplicate copy with the County Health Administration having jurisdiction over such person, and if such person is found to be suffering from a communicable disease or condition of public health importance requiring isolation or exclusion, he/she shall not be permitted to work and shall not be allowed to return to work until he presents a certificate of recovery issued by the County Health Administration having jurisdiction or a licensed physician's written statement, indicating that he/she no longer poses a substantial risk of transmitting a communicable disease to others and that the required period of isolation or exclusion has been ended.

§ 15.9. Government hospitals to furnish examinations to persons exempted from payment.

Government hospitals shall furnish all compulsory medical examinations provided for in this title free of charge to school children, members of the armed forces, indigents and persons earning less than fifty Dollars per month.

§ 15.10. Penalty for issuance of false certificates.

Any licensed physician or medical officer attached to a County Health Administration who for any reason knowingly issues a certificate or written statement stating falsely that a person examined by him/her is free from disease in communicable form or that the required period of isolation or exclusion has been ended, shall be guilty of the commission of a second degree misdemeanor.

§ 15.11. Penalty for failure to have medical examination.

Any person 18 years of age or older refusing or neglecting to submit to a compulsory medical examination, or to procure a certificate or statement of freedom from communicable disease or certification that the required period of isolation or exclusion has ended, as required by the provisions contained in this title providing for compulsory medical examinations, and any parent or guardian of a child under 18 years of age who refuses or neglects to have such child submit to such a medical examination or to procure a certificate or statement as so required, shall for a first offense be liable to a civil penalty as prescribed by regulation duly made by the Minister.

Chapter 16. PREVENTION OF INTRODUCTION OF COMMUNICABLE DISEASES FROM FOREIGN COUNTRIES

§ 16.1. Compliance with measures prescribed by health authorities of foreign departure ports; vessels and aircraft.

§ 16.2. Radio report of disease on board prior to arrival.

§ 16.3. Quarantine inspection required for vessels and aircraft arriving from outside Liberia; quarantine sites

- § 16.4. *Exception of vessels and aircraft of armed services of foreign nations.*
- § 16.5. *Restrictions on boarding and leaving vessels or aircraft subject to Quarantine inspection, or on having contact with persons aboard*
- § 16.6. *Quarantine and Granting of Free or Provisional pratique*
- § 16.7. *Ship Sanitation Certificates*
- § 16.8. *Compulsory departure of vessels and aircraft declining to comply with quarantine requirements*
- § 16.9. *Declaration of state of health upon arrival at first port of entry; vessels and aircraft*
- § 16.10. *Medical Examinations*
- § 16.11. *Right of Port Health Officers to inspect vessels and aircraft and examine persons onboard*
- § 16.12. *Quarantine inspection and control procedures*
- § 16.13. *International Health Regulations to be observed by vessels and aircraft on international voyages*
- § 16.14. *Sanitary measures applicable to arriving vessels or aircraft and persons aboard*
- § 16.15. *Reporting of notifiable disease or death aboard vessels or aircraft*
- § 16.16. *President may declare foreign ports infected and impose restrictions*
- § 16.17. *Vessels and aircraft from proclaimed places to take precautions*
- § 16.18. *Admonition procedures regarding suspected infection of persons, things, vessels or aircraft departing from Liberia*
- § 16.19. *Extension of International Health Regulations to domestic vessels and aircraft*
- § 16.20. *International Health Regulations to be observed at border*
- § 16.21. *Border quarantine*
- § 16.22. *Government not liable when properly exercising powers hereunder*
- § 16.23. *Civil Penalties for violation of Chapter*

§ 16.1. Compliance with measures prescribed by health authorities of foreign departure ports; vessels and aircraft.

Authorized officials of vessels and aircraft at any foreign port or airport clearing or departing for any port in Liberia shall comply with sanitary measures prescribed by the health authority for such foreign port or airport in accordance with responsibility imposed by the International Health Regulations. Such measures shall be taken to prevent the departure of infected persons or the introduction on board such vessels or aircraft of possible agents of infection or vectors of any of the following communicable diseases: Ebola Virus Disease, cholera, typhus and yellow fever or any other communicable diseases or conditions of public health importance as declared by the Minister.

§ 16.2. Radio report of disease on board prior to arrival.

Authorized officials of vessels and aircraft destined for Liberian ports shall report promptly by radio or other available means to the Port Health Officer in charge at the port of entry intended as the place of first landing in Liberia, and wherever practicable not less than four hours before expected arrival, the occurrence or suspected occurrence on board of any communicable diseases or conditions of public health importance declared by the Minister.

§ 16.3. Quarantine inspection required for vessels and aircraft arriving from outside Liberia; quarantine sites

Vessels and aircraft entering Liberia from a foreign port or airport, upon arrival at the first port of entry in Liberia, shall undergo quarantine inspection prior to entry. A vessel shall fly a quarantine flag and anchor in the designated quarantine anchorage and await inspection unless the Port Health Officer in charge is of the opinion that proceeding to another designated point would not be likely to cause the introduction of communicable disease, in which case he/she may direct the vessel to such a point to await inspection. When an aircraft is subject to quarantine inspection the aircraft commander shall be responsible for the detention of its crew and passengers at the place of first landing of the aircraft until they are released by the Port Health Officer in charge; any baggage, cargo or other contents on board shall also be held at such place until released by such officer.

§ 16.4. Exception of vessels and aircraft of armed services of foreign nations.

1. Vessels and aircraft belonging to or operated by the armed services of any foreign nation may, in the discretion of the Port Health Officer in charge be exempted from quarantine inspection if a commissioned medical officer of such service certifies that:
 - (a) any person on board who is infected or suspected of being infected with a communicable disease or condition of public health importance will be quarantined or isolated until it is determined whether or not he is infected.
 - (b) the vessels or aircraft are from ports where at the time of departure there was not onboard or suspected of being onboard or suspected of being present any of such communicable diseases or conditions of public health importance.
2. When it is determined that any person on board such vessels or aircraft is infected with any such communicable disease or condition of public health importance, the vessels or aircraft and their entire personnel shall be subject to the provisions of Section 16.15.

§ 16.5. Restrictions on boarding and leaving vessels or aircraft subject to Quarantine inspection, or on having contact with persons aboard

Except with the permission of the Port Health Officer in charge, no person, other than the harbor pilot of a vessel shall board or be permitted to board any vessel or aircraft subject to quarantine inspection or have contact with its crew or passengers until after quarantine inspection has been completed of the vessel or aircraft, the crew and passengers and pratique is granted. A person boarding such vessel or aircraft prior to inspection shall be subject to the same restrictions as those imposed on the persons on board such vessel or aircraft. No person shall leave or be permitted to leave any vessel or aircraft subject to quarantine inspection until after it has been inspected by the Port Health Officer in charge and pratique has been granted, except with the permission of such officer.

§ 16.6. Quarantine and Granting of Free or Provisional pratique:

1. Quarantine procedures at first port of entry. Vessels and aircraft subject to quarantine inspection shall not enter a Liberian port or airport to discharge cargo or land passengers or

crew unless a certificate of free or provisional pratique has been issued. A certificate of free pratique shall signify that all necessary quarantine and sanitary measures have been applied to the vessel or aircraft and to the persons, animals, articles and other things on board and that the vessel or aircraft may enter without further quarantine restrictions to discharge cargo and land passengers and crew. A certificate of provisional pratique shall signify that the vessel or aircraft may enter, but that additional health measures, to be stated therein, must be taken in connection with the discharge of cargo or the landing of passengers or crew, or with the sanitary condition of the vessel or aircraft. If any vessel or aircraft has, or is suspected on reasonable grounds of having on board, any person, animal, article or thing, the infection of any communicable disease or condition of public health importance, the Port Health Officer in charge may grant provisional pratique to such vessel or aircraft or, if he deems it necessary to do so, he may withhold pratique and place the vessel in quarantine.

2. Remanding, where necessary, to other ports for completion of quarantine measures. If quarantine measures cannot be completed at the first port of entry, the Port Health Officer in charge in his/her discretion, may remand the vessel or aircraft under provisional pratique to the next scheduled port or airport for such additional measures as may be necessary. If such measures cannot be completed there, in the discretion of the Port Health Officer in charge at such port, the vessel or aircraft may be directed to proceed to the next succeeding port or airport for completion of quarantine measures.
3. Original sanctions reinstated upon failure to comply with provisional pratique conditions. Failure to comply with the additional measures specified in a certificate of provisional pratique shall constitute a violation of the provisions of this chapter and the vessel or aircraft shall become subject to all quarantine measures applicable to vessels and aircraft upon first arrival at a Liberian port or airport from a foreign port or airport.

§ 16.7. Ship Sanitation Certificates

1. When control measures are required and have been satisfactorily completed, the Port Health Officer shall issue a Ship Sanitation Control Certificate, noting the evidence found and the control measures taken, in compliance with the International Health Regulations (2005), or its succeeding regulations.
2. Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates shall be valid for a maximum period of six months. This period may be extended by one month if the inspection or control measures required cannot be accomplished within the six month time frame.
3. If a valid Ship Sanitation Control Exemption Certificate or Ship Sanitation Control Certificate is not produced or evidence of a public health risk is found on board a ship, the Port Health Officer shall proceed with control measures as described in this Section.

§ 16.8. Compulsory departure of vessels and aircraft declining to comply with quarantine requirements

When the person in charge of the vessel or aircraft refuses to comply with the requirements for a certificate of free or provisional pratique, or with the International Health Regulations (2005),

the vessel or aircraft shall not be permitted to remain in the port or airport of entry or anywhere in the country, but shall be allowed to depart forthwith provided no call is made at any other place in Liberia in connection with the current journey. The vessel or aircraft, however, shall be permitted to take on board fuel, water and stores in quarantine, subject to such precautionary measures as may be prescribed by the Port Health Officer in charge.

§16.9. Declaration of state of health upon arrival at first port of entry; vessels and aircraft

Person in charge of the vessel or aircraft entering Liberia from a foreign port or airport, upon arrival at the first port of entry in Liberia, shall make a true declaration to the Port Health Officer in charge, on a form approved by the NPHIL, which shall include a report showing details of any communicable disease or condition of public health importance which has occurred or is suspected to have occurred on board during the journey and produce for inspection all declarations and bills of health and any other certificates concerning the state of health aboard the vessels or aircraft obtained at all foreign ports or airports from which such vessels or aircraft departed prior to arrival in Liberia.

§16.10. Medical Examinations

Any medical exam performed pursuant to this Section must be the least intrusive exam that would achieve the public health objective of the examination.

§16.11. Right of Port Health Officers to inspect vessels and aircraft and examine persons onboard

1. With the exception of vessels or aircrafts that enjoy diplomatic immunity, Port Health Officers may at any time board any vessel or aircraft within their respective jurisdictions and inspect any part thereof or anything therein, and may medically examine any person on board and require any such person to answer any question relevant to the ascertainment of whether or not infection exists or has recently existed on board.
2. The following shall be considered violations and shall be subject to sanctions provided in the Penal Law.
 - (a) Any person who refuses to allow a Port Health Officer to board any vessel or aircraft to make any inspection or medical examination
 - (b) Any person who obstructs or hinders such Port Health Officer in the execution of his/her duty
 - (c) Any person who fails or refuses to give any information which he may lawfully be required to give, or who gives false or misleading information to any such officer knowing it to be false or misleading.

§ 16.12. Quarantine inspection and control procedures

Quarantine inspection of a vessel or aircraft shall include the following procedures:

1. Scrutiny of the vessel or aircraft, its cargo, manifests and other papers to ascertain the sanitary history and condition of the vessel or aircraft;

2. Examination of the persons aboard the vessel or aircraft and their personal effects and records, to determine the presence or risk of introduction of quarantinable and other communicable diseases or conditions of public health importance;
3. Inspection to ascertain whether there exists, rodent, insect or other vermin infestation, contaminated food or water, or other insanitary conditions requiring measures for the prevention of the introduction, transmission or spread of quarantinable or other communicable disease or condition of public health importance;
4. Detention under quarantine until the completion of the necessary sanitary measures which in the judgment of the Port Health Officer in charge are required to prevent the introduction, transmission or spread of quarantinable or other communicable disease or condition of public health importance.

§ 16.13. International Health Regulations to be observed by vessels and aircraft on international voyages

All vessels, aircraft, and persons thereon arriving in or leaving Liberia on an international voyage shall be subject to the sanitary measures with respect to yellow fever and the other communicable diseases or conditions of public health importance provided for in those regulations of the International Health Regulations to which the Republic of Liberia is bound.

§ 16.14. Sanitary measures applicable to arriving vessels or aircraft and persons aboard

1. Whenever the Port Health Officer in charge has reason to believe that any arriving vessel or aircraft, or article or thing aboard, is or may be infected or contaminated with any communicable diseases or conditions of public health importance listed in Section 6.1(12), he/she may cause it to be disinfected, disinfested, fumigated and take such other related measures respecting such vessel, aircraft, or article or thing aboard, or any part thereof, as he/she considers necessary to prevent the introduction, transmission or spread of such communicable diseases or conditions of public health importance. In addition, if such officer has reason to believe that any arriving person on board any such vessel or aircraft is suffering or has been exposed to infection from any of such communicable diseases or conditions of public health importance or that any person remaining on board who is suffering from any of such communicable diseases or conditions of public health importance, in his opinion, is not being nursed or treated in such manner as to guard adequately against the spread of the disease or to promote recovery, he/she shall place such person in isolation or quarantine and shall cause his person, clothing or baggage to be disinfected or disinfested, if he/she considers it necessary to prevent the introduction, transmission or spread of such communicable disease or condition of public health importance. Persons held under isolation or quarantine pursuant to this Section shall be so held at facilities maintained or designated by the Minister and if such facilities are not available, pending other suitable arrangements for isolation or quarantine shall be on the arriving vessel in detention or when the arrival is by aircraft, at a temporary safe location.

2. The health status of those individuals who are held in isolation or quarantine hereunder must be monitored regularly by a licensed physician to determine if they continue to require detention.
3. Isolation or quarantine must be immediately terminated when an individual poses no substantial risk of transmitting a communicable disease or condition of public health importance to others.

§ 16.15. Reporting of notifiable disease or death aboard vessels or aircraft

The provisions of this title with respect to the reporting of the Persons in charge of vessels or aircraft shall have a duty to report the occurrence of cases or suspected cases of notifiable disease or conditions of public health importance. Persons in charge of the vessel or aircraft shall also have a duty to report the occurrence of unusual mortality of persons and/or animals on said vehicle. Such notification shall be made to the Port Health Officer in charge and he/she shall notify the relevant authorities. Likewise, it shall be the duty of the person in charge of the vessel or pilot of an aircraft to report to the Port Health Officer the death on board of any person who has died from any cause whatever during the journey just completed or while the vessel or aircraft is in port or at an airport in Liberia and also the cause of death if known to him/her.

§ 16.16. President may declare foreign ports infected and impose restrictions

The President, consistent with Chapter II and Article 43 of the International Health Regulations (IHR), and on the advice of the Minister, may by proclamation:

1. Declare that any place beyond Liberia is infected with a formidable epidemic disease or that a formidable epidemic disease is liable to be brought or carried from that place, shall be a “proclaimed place” within the meaning of this chapter for so long as such proclamation remains in force. For such “proclaimed place” precautionary measures may be prescribed to be taken by vessels and aircraft coming from any such place to Liberia, their crews, passengers and cargo;
2. Declare any port in the Liberia to be a first port of entry (land and sea) for all or any particular class or description of overseas vessel coming from a “proclaimed place” as above and require persons in charge of such vessels to enter a port so declared before entering any other port of Liberia, except in case of danger or for other sufficient reason;
3. Declare any airport in Liberia to be a first port of entry for all or any particular class or description of aircraft coming from a “proclaimed place” and require the person in charge of such aircraft bound for Liberia to enter an airport so declared before entering any other airport in Liberia, except in case of danger or for other sufficient reason;
4. Prohibit, restrict or regulate the immigration or importation into Liberia from any “proclaimed place”, of any person, animal, article or thing considered likely to introduce any communicable disease or condition of public health importance, or impose restrictions or conditions with regard to the examination, detention, disinfection or otherwise of any such person, animal, article or thing.

§ 16.17. Vessels and aircraft from proclaimed places to take precautions

1. *Duty to comply; penalty for failure.* The person in charge of any vessel or the aircraft bound for a port or place in Liberia and coming from, or calling or touching at any proclaimed place, while his vessel or aircraft is at that “proclaimed place” and during the journey to Liberia, shall take with respect to the vessel or aircraft, and the crew, passengers and cargo thereof, all such precautionary measures as may be prescribed by the proclamation issued by the President pursuant to Section 16.16. The person in charge of any vessel or aircraft arriving at any port or place in Liberia failing to comply with the requirements of this Section shall be liable to a civil penalty as determined by regulation, unless he/she proves that he/she was unaware of the measures required to be taken by him/her and that he/she took all reasonable means to ascertain whether it was, his/her duty to take any such measures.
2. Owners to be charged with expenses of measures not taken. Where a vessel or aircraft arrives from a proclaimed place and the prescribed precautionary measures have not been taken, any measures considered necessary by the Port Health Officer in charge, acting on the instructions of the Minister, may be carried out with respect to the vessel or aircraft, the crew, passengers and cargo thereof at the expense of the owners of the vessel or aircraft.

§ 16.18. Admonition procedures regarding suspected infection of persons, things, vessels or aircraft departing from Liberia

1. If the Port Health Officer in charge has reason to believe that a person proposing to depart from Liberia by any means is infected with or has been exposed to infection by a communicable disease or condition of public health importance, he/she shall so advise the person and notify the County Health Administration in the area having jurisdiction over such person and the person in charge of the vessel or aircraft or other means of conveyance on which the person proposes to depart.
2. Means of conveyance and things. If the Port Health Officer in charge has reason to believe that a departing vessel, aircraft or means of conveyance has or may have on board possible agents of infection or vectors of any communicable disease or condition of public health importance, he/she shall notify the person in charge and offer to perform such measures as necessary including fumigation and/or disinfection. The officer shall, if he/she considers that a risk of infection, exists on board at the time of departure, notify all persons proposing to embark on such ship, aircraft or means of conveyance and the health authorities at the next port of call or destination, of the conditions aboard such vessel, aircraft or conveyances.

§ 16.19. Extension of International Health Regulations to domestic vessels and aircraft

Vessels engaged solely in the coastal trade and plying between ports of Liberia and aircraft in traffic within Liberia, their crews, passengers and cargo, when arriving from a port or place within Liberia infected or suspected of being infected with any of the communicable diseases or condition of public health importance included in Section 6.1(12), or when illness on board indicates unsatisfactory sanitary conditions, shall be subject to the sanitary measures described in Section 16.14.

§ 16.20. International Health Regulations to be observed at border

All persons, trains, road vehicles or any other conveyance arriving in or leaving Liberia at its inland borders by land transit shall be subject to the sanitary measures with respect to Ebola Virus Disease, yellow fever and the other communicable diseases or conditions of public health importance as set forth in the International Health Regulations to which Liberia is bound.

§ 16.21. Border quarantine

Persons, animals, articles and things, including conveyances, shall not enter Liberia at its inland borders by land transit except at established ports of entry and after such inspection by a health officer assigned thereto as he considers necessary to prevent the introduction, transmission or spread of the communicable diseases or condition of public health importance included in Sections 6.1(12) and 17.1. Such officer is empowered to employ the sanitary measures set forth in Section 16.14, which are hereby made applicable to such entries as if the means of transit were by vessel or aircraft.

§ 16.22. Government not liable when properly exercising powers hereunder

Whenever under this chapter powers are exercised by the Minister or some other officer of the Ministry in accordance with this chapter, and by reason of the exercise of such powers (a) any person, vessel, aircraft, train, road vehicle, article or thing is delayed, or removed, or confined, or (b) any vessel, aircraft, train, road vehicle, article or thing is damaged or destroyed, or (c) any person is deprived of the use of any of such objects, the Government shall not be liable to pay compensation, provided due care and reasonable precautions have been taken to avoid unnecessary delay, or damage or destruction.

§ 16.23. Civil Penalties for violation of Chapter

Any person who is found to be in violation of any provision of this Chapter or any rule or regulation issued pursuant to this chapter shall pay a civil penalty. The Minister shall adopt regulations establishing the amount of penalties.

Chapter 17. ZOONOTIC DISEASES

§ 17.1 Definition.

§ 17.2 Purpose

§ 17.3 Focal Person

§ 17.4 Animals affected with notifiable disease.

§ 17.5 Penalty

§ 17.6 Notice to livestock Owners & Occupiers of Farms.

§ 17.7 Power to declare areas infected

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§ 17.10 Regulations

§ 17.11 Disposal of carcass of slaughtered or culled animal.

- § 17.12 Indemnity and payment of compensation.*
§ 17.13 Compensation may be withheld
§ 17.14 Power to prohibit use of vaccine or drug.
§ 17.15 Power to search and detain suspects.
§ 17.16 Obstruction of persons exercising their duties.
§ 17.17 Arrested persons to be taken before a judge without delay

§ 17.1. Definitions

In this chapter and any regulation made thereunder, unless the context otherwise requires:

1. **“animal disease”** means any disease of an animal and includes some, but not all, notifiable diseases;
2. **“infected area”** means any area declared by the Minister to be an area infected by a notifiable disease;
3. **“notifiable Zoonotic disease”** includes cattle plague (rinderpest), anthrax, contagious bovine pleuro-pneumonia, tuberculosis, East Coast fever, epizootic or ulcerative lymphangitis, rabies, foot-and-mouth disease, Viral Hemorrhagic Fevers (including Ebola Virus Disease), sheep pox, scab, swine-fever, swine erysipelas, glanders, farcy, surra, trypanosomiasis, heart water, mange (scabies) in horses and mules, bacillary white diarrhoea and pullorum disease, fowl pest, lumpy skin disease, paratuberculosis (Johnes disease), atrophic rhinitis and scrapie and any other contagious or infectious disease of animals that the Minister may, by appropriate notice, declare to be a notifiable zoonotic disease for the purposes of this Chapter: Provided that the Minister may, by appropriate notice, remove from this definition the name of any notifiable disease included therein;
4. **“One-Health Platform”** is a platform for coordination amongst the institutions that are responsible for monitoring the spread of diseases from animal to man within the environment;
5. **“pet”** is a domesticated animal kept for pleasure rather than utility;
6. **“stock”** includes, but not limited to, camels, cattle, sheep, goats, horses, mules, donkeys, swine, birds and bees;
7. **“Slaughtering”** is the killing of livestock/animal for human consumption.
8. **“zoonotic disease”** refers to any disease that is spread from animals to humans.

§ 17.2. Purpose

The concept of zoonosis takes into account the relationship between human health and animal health within the environment. The transmission of animal diseases to humans took on added significance after the unprecedented outbreak of Ebola Virus Disease (EVD) in 2014 in West Africa. This led to an increased emphasis on the One Health Platform.

§ 17.3. Focal Person

The Minister shall appoint a focal person within Ministry of Health headquarters and require each county health team to assign one or more members to report to the focal person and assist them as necessary in fulfilling their zoonotic regulatory duties. These duties include: inspecting the suitability of the location of proposed commercial slaughterhouses; issuing regulations for commercial housing of animals; conducting, analyzing, and sharing epidemiological surveillance data affecting, or likely to affect, animal and human populations among concerned Government agencies and international bodies such as World Health Organization (WHO), World Organization for Animal Health (OIE), African Union International Bureau of Animal Research (AUIBAR), etc.; ensuring compulsory vaccination of livestock in conjunction with the Ministry of Agriculture; other functions as may be necessary to effect the purpose of this Chapter; and inspecting commercial slaughterhouses to ensure the presence and adequacy of the following:

1. Concrete floors with drainage system;
2. Fence;
3. Slides;
4. Dump site;
5. Cold storage;
6. Incinerator;
7. Feeding pen;
8. Clean water supply system;
9. Holding pen before slaughter;
10. Ramp for inspection (post-mortem);
11. Other equipment as needed for proper operation of the facility;
12. Stainless steel equipment/utensils;
13. Electricity;
14. Protective clothing for handlers, inspectors, and visitors;

§ 17.4. Animals affected with notifiable disease

1. Every person having in his possession or charge an animal or pet infected with a notifiable disease or suspected of being infected with a notifiable disease shall:
 - (a) Notify the County Health Team with local jurisdiction and the Ministry of Agriculture. The County Health Team must pass notice to the Focal Person within 24 hours;
 - (b) Keep such animal kept in protective custody, or other enclosed place separate from other non-infected animals and humans; and
2. Any inspector/environmental health practitioner to whom notice is given under Section 17.4(1)(a) or Section 17.4(1)(b) may require the person having the animal or animals in question in his/her possession or charge to submit to him/her within a period of not more than twenty-four hours such specimens from such animal or animals or, if such animal dies, from its carcass as may be reasonably required for the purpose of ascertaining the existence and nature of the notifiable disease in collaboration with the Ministry of Agriculture.

§ 17.5. Penalty

Any person who contravenes any of the provisions of Section 17.4(1)(a), Section 17.4(1)(b) or Section 17.4(2) shall be guilty of a misdemeanor of the first degree and shall be liable for sanctions under Chapter 5 regulations.

§ 17.6. Notice to Livestock Owners & Occupiers of Farms

1. The focal person or member of the county health team shall, on being satisfied of the existence or suspected existence of a notifiable disease within his district, forthwith cause all owners or occupiers of farms and owners of livestock in the neighborhood to be notified of the outbreak.
2. The focal person or member of the county health team who has reason to believe or suspect that any notifiable disease exists on any farm or in any area shall, notwithstanding the provisions of Section 17.4 (1), forthwith give notice of that fact to the Ministry of Agriculture in the affected area as well as the adjoining district.

§ 17.7. Power to declare areas infected

1. The Minister, in consultation with the Ministry of Agriculture, shall, by appropriate notice:
 - (a) declare any area to be an area infected by notifiable disease;
 - (b) extend, diminish, or otherwise alter the limit of an area declared to be an infected area;
 - (c) declare any such infected area to be free from notifiable disease; and
 - (d) for the purpose of preventing notifiable disease, prohibit the movement of animals from one county, district, place, or area to any other county, district, place, or area.
2. *Slaughter of infected animals.* The Ministry of Agriculture in consultation with the Ministry of Health or any person so authorized in writing may, upon notice to the owner, cause to be slaughtered any animal infected or suspected of being infected with any notifiable disease or any animal which has been in contact with an animal infected by notifiable disease or has been otherwise exposed to the infection or contagion of notifiable disease.

§ 17.8. Provisions affecting infected areas

1. The following provisions shall, in the absence of other provisions made by regulation pursuant to this Chapter, apply to all infected areas:
 - (a) no livestock shall be moved from or into any infected area or from place to place within such area without the written permission of the Minister, or of any person authorized in writing by the Minister to give such permission, if the animal is already infected or suspected of being infected;

- (b) no animal shall be moved from any such area unless previously disinfected and treated in the manner directed by the Minister, or by any person so authorized in writing by him/her;
 - (c) all livestock in any such area shall be herded as far as possible from any public road, and shall not graze on any road reserve;
 - (d) the Minister or any person so authorized in writing by him/her may require the owner or person in charge of any animal or animals within any such area to isolate such animal or animals from other animals within the infected area or to remove such animal or animals from such area;
 - (e) no person shall leave any such area without having complied with such reasonable precautions for preventing the spread of notifiable disease as may be required by the veterinary officer or inspector in charge of the area; and
 - (f) the carcasses of all animals infected with notifiable disease shall be disposed of in accordance with any general or specific instructions issued by a veterinary officer or an inspector.
2. Any person who contravenes any of the provisions of Section 17.7(1) shall be guilty of a misdemeanor of the first degree.

§ 17.9. Power to prohibit importation of animals

1. The Minister may by appropriate notice, prohibit for such time as he/she thinks necessary, or regulate, the importation or the exportation of all animals or any specified kinds of animals, or of carcasses, meat, hides, skins, hair, wool, litter, dung, live viruses capable of setting up infections in animals, sera, vaccines and other biological or chemical products intended to be used for the control of animal disease, or fodder, from any specified country, or port.
2. Any person who contravenes the provisions of any notice issued under Section 17.8(1)(a) shall be guilty of a misdemeanor of the first degree.

§ 17.10. Regulations

The Minister may make regulations for the better carrying out of this Chapter, and in particular, but without prejudice to the generality of the foregoing power, such regulations shall provide for:

- 1. the prevention of the introduction of and the prevention and control of, notifiable diseases that may spread from animals to human;
- 2. prescribing restrictions for human contact with animals infected by notifiable disease or animals, suspected of being infected by, or having been in contact with any animals infected by notifiable zoonotic disease;
- 3. prescribing:
 - (a) the disinfection of buildings and places wherein animals infected by any notifiable disease have been stalled or kept;

- (b) the cleansing and disinfection of public markets, private auction or sale yards, railway premises, lairages, railway vans, trucks, carriages, motor vehicles, aircraft, boats or lighters wherein any livestock have been placed, kept or carried;
- (c) the disinfection of any person and their clothing coming into contact with animals infected by notifiable disease or suspected of being so infected or being in an infected place.

§ 17.11. Disposal of carcass of slaughtered or culled animal

In collaboration with the Ministry of Agriculture and the Environmental Protection Agency, where an animal has been slaughtered or culled under this Chapter, its carcass shall belong to the Government and shall be buried or otherwise disposed of under such conditions as deemed necessary.

§ 17.12. Indemnity and payment of compensation

No action shall lie against the Government, or any public officer, or any officer of such County Health Administration, for any act done under this Chapter or for any act done in connection with the diagnosis, control, prevention or treatment of notifiable diseases of animals and no compensation shall be payable to any person for any act done under this Chapter unless the Minister otherwise directs. Provided however that, subject to Section 17.13, compensation for animals slaughtered or culled under this Chapter shall be paid to the owner as follows:

1. where the animal was infected by a notifiable disease, the value before it became so infected; and
2. where the animal was not so infected but was suspected of being so infected, the value of the animal immediately before it was slaughtered.

§ 17.13. Compensation maybe withheld

Compensation in respect of any animal slaughtered or culled under this Chapter may be wholly or partially withheld where the owner or person in charge of the animal has been guilty of any breach of the provisions of this Chapter. No compensation shall be paid in respect of any animal slaughtered or culled if such animal was infected with disease when imported or became infected before it was passed by the inspecting officers at the place of entry, or if such animal was been imported in breach of the provisions of this Chapter.

§ 17.14. Power to prohibit use of vaccine or drug

1. For reasons of human health, the Minister may prohibit the use of any vaccine or drug for the treatment of animal disease in Liberia that pose a risk to humans.
2. Any person who knowingly supplies, sells, purchases, obtains or uses any vaccine or drug for the treatment of animal diseases, the use of which has been prohibited by the Minister, shall be guilty of a misdemeanor of the first degree.

§ 17.15. Power to search and detain suspects

The Minister or a person authorized by him/her in writing, an officer, an inspector may, intercept and search any person whom he/she believes with reasonable cause to be in violation of this Chapter, and if the name and address of such person is not known to the officer stopping and intercepting him/her, and if he fails to give his name and address to the satisfaction of such officer, the officer may order the arrest of the person.

§ 17.16. Obstruction of persons exercising their duties

Any person who obstructs or impedes, or assists in obstructing or impeding, the Minister or a person authorized by him/her in writing, an inspector in the execution of his/her duty under this Chapter shall be guilty of a misdemeanor of the first degree and may be arrested.

§ 17.17. Arrested persons to be taken before a judge without delay

Any person arrested under this Chapter shall be processed and taken to court in accordance with Section 10.11 of the Criminal Procedure Law (Appearance before court upon arrest with or without warrant), except that in all cases, no person arrested under this Chapter shall be detained beyond forty-eight (48) hours.

PART III

ENVIRONMENTAL SANITATION

Chapter 18. NUISANCES

§ 18.1. *Definition*

§ 18.2. *Specifications of nuisances prohibited hereunder*

§ 18.3. *Trades particularly likely to produce nuisances identified*

§ 18.4. *Creating, committing or maintaining nuisance prohibited*

§ 18.5. *Duty of County Health Administration with regard to nuisances*

§ 18.6. *Serving of notice to abate nuisance*

§ 18.7. *Civil suit for abatement to be instituted by County Health Administration if notice disregarded*

§ 18.8. *Right of private citizen to institute suit where nuisance exists*

§ 18.9. *Court may order investigation of an alleged nuisance during an abatement hearing*

§ 18.10. *Court order for abatement of nuisance*

§ 18.11. *Removal of nuisance by County Health Administration on failure to comply with court order or if author is unknown or cannot be found*

§ 18.12. *Sale of things removed in abating nuisance*

§ 18.13. *Collection of cost incurred in proceedings to abate a nuisance*

§ 18.1. Definition

In this Chapter or regulations made pursuant to it, the following terms shall have the meaning herein ascribed to them, unless the context otherwise indicates:

1. **“Author of nuisance”** refers to the person by whose act, default or sufferance the nuisance is caused, exists or is continued, whether s/he is the owner, agent, tenant, occupier, or any other person.
2. **“Nuisance”** means a thing, a condition, an act or omission, or a situation (1) that is offensive, prejudicial, injurious, or dangerous to health; (2) that obstructs, damages, inconveniences, or interferes with the use or enjoyment of property of another or the rights of the community; and (3) that arises as a result of the improper or unlawful use of one’s property.
3. **“Offal”** means the waste entrails, other internal organs, or decomposing flesh of an animal.
4. **“Seepage”** means the slow escape of water or liquid or gas through porous material or holes. It also refers to the quantity of such liquid or gas that seeps out.

§ 18.2. Specifications of nuisances prohibited hereunder

The following are hereby declared to be nuisances that are to be dealt with in the manner provided for in this chapter:

1. Any vehicle which is in such a state or condition or used in a manner as described under Section 18.1(1);
2. Any dwelling or other premises or part thereof which is of such construction or in such a state or so situated or so dirty or verminous or damp as to be likely to harbor rats or other vermin, or be offensive, prejudicial, injurious or dangerous to health or which is liable to favor the spread of any communicable disease;
3. Any street, road or any part thereof, stream, pool, ditch, gutter, water-course, sink, water-tank, cistern, toilet, water-closet, earth closet, latrine, privy, urinal, cesspool, soak-away pit, septic tank, cesspit, soil-pipe, water-pipe, drain, sewer, garbage receptacle, dust bin, refuse pit, so foul or in such a state or so situated or constructed as described under Section 18.1(1);
4. Any growth of weeds, long grass, undergrowth, hedges, bush, or vegetation of any kind which is offensive, prejudicial, injurious, or dangerous to health;
5. Any well or other source of water supply or any cistern or other receptacle for water, whether public or private, the water from which is used or is likely to be used by human beings for drinking or domestic purposes, or in connection with the manufacture or preparation of any article of food intended for human consumption, that is in a condition liable to render any such water offensive, prejudicial, injurious or dangerous to health;
6. Any noxious matter or waste water flowing or discharged from any premises, wherever situated, into any public street; gutter or side channel of any street; gulley, swamp or watercourse, irrigation channel or bed thereof not approved for the reception of such discharge;
7. Any collection of water, sewage, rubbish, refuse, ordure, or other fluid or solid substances that permit or facilitate the breeding or multiplication of animal or vegetable parasites of man or domestic animals, or of insects or of other agents, which are known to carry such parasites or which may otherwise cause or facilitate the infection of man or domestic animals by such parasites.
8. Any building or premises used for keeping of animals or birds that is so constructed, situated, used or kept as to be offensive or which is prejudicial, injurious, or dangerous to health;
9. Any animal so kept as to be offensive, prejudicial, injurious, or dangerous to health;
10. Any accumulation, emission, seepage or deposit of refuse, offal, manure, or other matter whatsoever that is offensive or which is prejudicial, injurious, or dangerous to health;
11. Any accumulation of stones, timber, or other material of any nature whatsoever if such is likely to harbor rats or other vermin;
12. Any dwelling or premises that is so overcrowded or congested as to be prejudicial, injurious, or dangerous to the health of the occupants, visitors, or passersby or is so dilapidated or defective in lighting or ventilation, or is not provided with or is so situated that it cannot be provided with sanitary accommodation to the satisfaction of the County Health Team having jurisdiction thereof;

13. Any public or other building so situated, constructed, used, or kept as to be unsafe, prejudicial, injurious, offensive, or dangerous to health;
14. Any occupied dwelling for which a proper, sufficient and wholesome water supply is not available within a reasonable distance, to be spelled out by regulations made by the Ministry;
15. Any sound, which by its loudness (over 45 decibels), tone, or other quality is offensive, prejudicial, injurious, or dangerous to health or obstructs, damages, inconveniences, or interferes with the use or enjoyment of property or the rights of the community.
16. Any factory or trade premises not kept in a cleanly state and free from offensive smell arising from any drain, latrine, privy, water-closet, earth closet, or urinal, or not ventilated so as to destroy or render harmless and offensive as far as practicable any gases, vapors, dust, or other impurities generated, or so overcrowded or so badly lighted or ventilated as to be prejudicial, injurious, or dangerous to the health of those employed therein;
17. Any factory or trade premises causing or giving rise to smells or effluvia which are prejudicial, injurious, or dangerous to health;
18. Any deposit of material in or on any building or land which shall cause dampness in any building so as to be dangerous, prejudicial, or injurious to health;
19. Any dwelling, public building, trade premises, workshop, workplace, or factory not provided with sufficient and sanitary latrines.

§ 18.3. Trades particularly likely to produce nuisances identified

Due to their nature, certain fields are deemed as particularly likely to lead to the emergence of nuisances and must show that they are taking continued precautions in the interest of environmental health and sanitation. The Director General, in consultation with the Ministry of Health and other relevant government ministries and agencies, shall issue regulations for certification as regards safeguards, and the listing of the nuisance causing trades including: scrap processing/recycling, soap making, garages, tie-dye/textiles, rock-crushing, livestock raising outside of rural areas, natural rubber handling, airports, industrial plants and such other fields as the regulations will from time to time determine.

§ 18.4. Creating, committing or maintaining nuisance prohibited

No person or institution shall commit or maintain a nuisance as defined in Section 18.1 or elsewhere in this title, and no person shall allow such nuisance to exist or be created in respect of any matter, thing, chattel, or premises which he/she owns or controls.

§ 18.5. Duty of County Health Administration with regard to nuisances

1. *In general.* It is the duty of every County Health Administration to take all lawful, necessary, and reasonably practicable measures for maintaining the area over which it has jurisdiction at all times in a clean and sanitary condition and for preventing the occurrence of nuisances therein, and for remedying or causing to be remedied any nuisance or condition liable to be prejudicial, injurious, or dangerous to health, and to take or cause to

be taken proceedings at law against any person causing or responsible for the continuance of any nuisance or such condition.

2. *With specific reference to unhealthy structures.* It shall be the duty of every County Health Administration to take lawful, necessary and practicable measures to prevent or cause to be prevented or remedied all conditions liable to be prejudicial, injurious, or dangerous to health arising from (1) the erection or occupation of unhealthy dwellings or premises; (2) the erection of dwellings or premises on unhealthy sites or on sites of insufficient extent; (3) overcrowding; or (4) the construction condition or manner of use of any factory or trade premises, and to take proceedings under the law or rules in force with respect to the area over which it has jurisdiction against any person causing or responsible for the continuation of any such condition.

§ 18.6. Serving of notice to abate nuisance

A County Health Administration, if satisfied of the existence of a nuisance, shall cause a notice to be served on the author of the nuisance, requiring him to abate it within a time specified in the notice and to execute such work and do such things, specified therein, as may be necessary for that purpose.

§ 18.7. Civil suit for abatement to be instituted by County Health Administration if notice disregarded

If the person upon whom a notice to abate a nuisance has been served fails to comply with any of the requirements thereof within the time specified and if an administrative appeal has not been timely taken, or if taken, the directives contained in the notice have not been suspended by the appellate review officer, the County Health Administration that caused the notice to be served shall further cause a complaint thereon to be made before a court of competent jurisdiction and such court shall thereupon issue process requiring the appearance of the person on whom such notice was served and all other necessary parties.

§ 18.8. Right of private citizen to institute suit where nuisance exists

Any person whose rights have been affected by the existence of a nuisance as described in §18.2 shall have the right to institute a suit.

§ 18.9. Court may order investigation of an alleged nuisance during abatement hearing

1. Upon the hearing of an action to abate a nuisance instituted by a County Health Administration or private citizen, the court, in its discretion, may adjourn such hearing at any time until an inspection, investigation or analysis in respect to the nuisance alleged has been made by some competent person and the report has been presented.
2. This discretion when exercised, should give appropriate consideration to the following:
 - (a) the severity of the alleged offense;
 - (b) the number of persons affected by the nuisance;
 - (c) the period for which it has occurred; and

- (d) the level of effort required to abate the nuisance.

§ 18.10. Court order for abatement of nuisance

If the court upon the hearing of an action to abate a nuisance instituted by a County Health Administration is satisfied that the nuisance alleged in the complaint was duly established, it shall have the following powers:

1. The court in its order, if it finds that the nuisance alleged still exists, may direct the author or authors thereof, as the case may be, to comply with all or any of the requirements of the notice to abate or otherwise to remove the nuisance within a time specified in the order and do any work, specified therein, necessary for that purpose. In addition, the court by such order shall impose a civil penalty determined by regulation, but not in contravention with the provisions of the Environmental Protection and Management Law, on each person so directed and shall also give directions as to the payment of the costs incurred up to the time of the hearing or making of the order for the removal of the nuisance.
2. Where proof of the existence of nuisance is such as to render a premises unfit for human habitation, the court shall issue such order prohibiting the use thereof until such premises is made fit for the intended purpose. The court may further order that no rent shall be due or payable by or on behalf of the occupier of such dwelling for the period during which such condition continues to exist. Any person willfully acting in contravention of such order shall be liable to a civil penalty as provided for by regulation made pursuant to this chapter. Every day during which the contravention continues shall be deemed a separate contravention. When the court is satisfied that such premises has been rendered fit for use, it shall terminate the order prohibiting its use and declare the premises fit/habitable for human beings and from the date of the order thereon such premises may be placed in use or let.
3. If the court is satisfied that the nuisance alleged, although removed since the service of the notice, was not removed within the time specified in such notice, it shall impose a civil penalty as determined by regulations on the person upon whom such notice was served and in addition or in lieu thereof shall order such person to pay the costs incurred up to the time of the hearing or the proceeding.
4. If the court is satisfied that the nuisance alleged, although removed, is likely to recur on the same premises, it shall order the author thereof to do any specified work necessary to prevent the recurrence of the nuisance and prohibit its recurrence. If such person fails to comply, he/she shall be subject to civil contempt proceedings therefor and in addition to any directions for imprisonment that the court may impose, the court may impose a fine as determined by regulations and shall require the payment of all costs up to the time of the hearing thereon.
5. If a nuisance is proved to exist with respect to the structure of a dwelling and the court is satisfied that such dwelling is so dilapidated or so defectively constructed or so situated that repairs or alterations are not likely to remove the nuisance and make such dwelling fit for human habitation, the court may order the owner thereof to commence demolition of the dwelling and any other unsound structures on the premises on or before a specified day, no earlier than one month from the date of issuing the order and to complete such

demolition and remove the debris from the site before another specified day, which shall be a reasonable time after the day set for the commencement of demolition, taking into consideration all the circumstances involved. The court shall give notice to the occupier of the building, if any, requiring him to move therefrom within a reasonable time, to be specified in such notice. No compensation shall be paid by the County Health Administration to the owner or occupier of any dwelling or other structure because of the demolition thereof under the provision of this Section, and from the date of the demolition order no rent shall be due or payable by or on behalf of the occupier of such dwelling or structure.

§ 18.11. Removal of nuisance by County Health Administration on failure to comply with court order or if author is unknown or cannot be found

In case of a failure to comply with a court order requiring the execution of work in an action to abate a nuisance instituted by a County Health Administration in accordance with the provisions of Section 18.7, or if it appears to the satisfaction of the court in any such action that the author of the nuisance is not known or cannot be found, the County Health Administration may enter the premises involved and do whatever may be necessary to remove the nuisance and shall have the right to recover the expenses incurred under any of the applicable provisions of Sections 4.16, 4.17 or 4.18.

§ 18.12. Sale of things removed in abating nuisance

Any matter or thing removed by a County Health Administration in abating any nuisance under the provisions of this chapter may be sold by public auction and the money arising from the sale shall be deposited in a Government depository. The surplus, if any, after crediting the public moneys with the expense incurred by the County Health Administration with reference to abating such nuisance, shall be paid in the order of priority, to encumbrancers and lienors, if any, and to the owner of such matter or thing, if they establish their claims within two years from the date of such sale. If no claim is established within that time, such surplus shall become part of the public moneys.

§ 18.13. Collection of costs incurred in proceedings to abate a nuisance

All reasonable costs and expenses incurred in serving a notice, making a complaint, obtaining the order to abate a nuisance and carrying such order into effect shall be deemed to be expenses made at the request of the person directed by the order to abate the nuisance; or, if no order is made but the nuisance is proved to have existed when the notice was served or the complaint made, then at the request of the author of the nuisance. Such costs and expenses incurred with respect to any such nuisance may be recovered as a civil debt, and if more than one author caused the nuisance, the court shall have power to divide such costs and expenses between the authors of any such nuisance as it may deem just. A reasonable amount in this case, would be an amount similar to the costs incurred for those purposes by owners of similar properties in the same vicinity.

Chapter 19. SANITATION IN HOUSING AND OTHER STRUCTURES

§ 19.1. Use of basements and cellars regulated

§ 19.2. Below ground infrastructure not prohibited

§ 19.3. Prohibited building constructions

§ 19.4. Penalties

§ 19.1. Use of basements and cellars regulated

1. It shall be unlawful to do any of the following without a written permit issued by the relevant County Health Administration pursuant to investigation conducted by the local health inspector/environmental health practitioner:
 - (a) to live in, occupy or use any basement or cellar for habitation;
 - (b) to let or sublet or permit to be let or sublet any basement or cellar for habitation,
 - (c) to use such basement as a shop, office, workshop, workplace or factory, or for the preparation or storage of food.
2. In any event, no such basement shall be so used unless it is rendered vermin proof by the Ministry of Health in collaboration with concerned line ministries or agencies.

§ 19.2. Below ground infrastructure not prohibited

Nothing in Section 19.1 shall be seen as prohibiting the construction of needed infrastructure either wholly or partly below the level of the ground, including vaults, tunnels, subways, bunkers or similar installation. However, in every such case all appropriate permits shall be obtained before construction and regular monitoring performed afterwards. Revocation of permit shall be a remedy if at any time, the conditions upon which a permit is issued are no longer met.

§ 19.3. Prohibited building constructions

1. *Insufficient light and ventilation.* The construction of any room intended to be used as a sleeping room, living room or work room which is not sufficiently lighted by a window or windows having a total area of not less than one-eighth of the floor area and sufficiently ventilated by two or more ventilation openings or by windows capable of being so placed as to secure through or cross ventilation, is hereby prohibited. Artificial lighting or air circulation systems could be considered in the definition of sufficient ventilation, provided they lead to a condition comparable or superior to a facility meeting the requirements in the preceding sentence.
2. *Erection on made ground.* The erection of any dwelling on made ground containing street sweepings, refuse, rubbish or other matter liable to decomposition is hereby prohibited unless such measures for safeguarding health as the County Health Administration having jurisdiction may require have been taken and approved.

§ 19.4. Penalties

The **NPHIL** in consultation with the Ministry and other relevant government ministries and agencies, shall prescribe such further penalties as may be required, by means of regulations.

Chapter 20. PREVENTION AND DESTRUCTION OF MOSQUITOES AND VERMIN

§ 20.1. Certain conditions likely to breed mosquitoes declared nuisances

§ 20.2. Premises to be kept free from articles likely to retain water

§ 20.3. Elimination of bush and long grass

§ 20.4. Uncovered collections of water prohibited

§ 20.5. Cesspools to be properly covered

§ 20.6. Power of officials to destroy immature stages of mosquito

§ 20.7. Correction of conditions favoring mosquitoes; Local Authorities to issue notices

§ 20.8. Vermin defined

§ 20.9. Prevention and Correction of conditions likely to breed other vectors

§ 20.1. Certain conditions likely to breed mosquitoes declared nuisances

For the purposes of this chapter, the following are declared to be nuisances, to be dealt with in the manner provided in Chapter 18 for the treatment of nuisances:

1. Any collection of water, sewage, rubbish, refuse, ordure, or other fluid or solid substance which permits or facilitates the breeding or multiplication of mosquitoes;
2. Any collection of water in any cistern, well, pool, gutter, channel, depression, excavation, barrel, tub, bucket, or any other article, found to contain any of the immature stages of the mosquito.
3. Any cesspool, latrine, urinal, or ash-pit found to contain any of the immature stages of the mosquito.

§ 20.2. Premises to be kept free from articles likely to retain water

The occupier or owner of any Premises shall keep such Premises free from all bottles, whole or broken, whether fixed on walls or not, metal, cans, boxes, gourds, calabashes, earthenware vessels, shells, abandoned motor vehicles or parts thereof, or any other articles or trees standing or fallen, which are so kept that they are likely to retain water.

§ 20.3. Elimination of bush and long grass

No person shall permit any premises or lands owned or occupied by him/her or over which he/she has control to become so overgrown with bush or long grass as will be likely to harbor mosquitoes.

§ 20.4. Uncovered collections of water prohibited

It shall not be lawful for any person to keep, or for the occupier or owner of any premises to allow to be kept thereon, any collection of water in any cistern, well, barrel, tub, bucket, tank or other vessel intended for the storage of water unless such cistern, wall, barrel, tub, bucket, tank or other vessel is fitted with a sufficient cover, which is in good repair and properly protected or screened so as to prevent the ingress of mosquitoes.

§ 20.5. Cesspools to be properly covered

The occupier or owner of any premises upon or attached to which is any cesspool shall cause such cesspool to be properly protected with a sufficient cover or screen so as to prevent the ingress of mosquitoes.

§ 20.6. Power of officials to destroy immature stages of mosquito

1. When any of the immature stages of the mosquito are found by a County Health Team on any premises in any collection of water in any cistern, cesspool, latrine, urinal, ashpit, well, pool, channel, barrel, tub, bucket, tank or any other vessel, or any bottle, whole or broken, whether fixed to a wall or not, metal can, box, gourd, calabash, shell or any other article, or in any tree, fallen or standing, it shall be lawful for the County Health Administration having jurisdiction to take immediate steps to destroy any such immature stages of the mosquito by the application of oil or larvicide or otherwise, and to take such action as is necessary to prevent the recurrence of the nuisance and to render any pools or collections of water unfit to become breeding places for mosquitoes.
2. No part of this Section shall be construed to mean the acceptance of the use of banned or polluting substances as defined by the Environmental Protection Agency.

§ 20.7. Correction of conditions favoring mosquitoes: Local Authorities to issue notices

When it appears that the condition of any land or premises favor the multiplication or prevalence of mosquitoes so that the occurrence or spread of malaria or other mosquito-borne disease is likely to be favored thereby, the County Health Administration having jurisdiction shall give written notice to the owner or occupier of such land or premises requiring him to take action with regard to such condition. Every notice under this Section shall specify the land or premises concerned and the measures required to be carried out. Any such notice may require the owner or occupier to clear bush or other vegetation, to canalize streams, to drain swamps and pools or low lying areas and to take measures for the destruction of mosquitoes and for the prevention of their multiplication and may impose a time limit for the completion of the work or for the carrying out of the measures specified in the notice.

§ 20.8. Vermin defined

Vermin shall have the definition as provided under Chapter 24.1(a) of this Title.

§ 20.9. Prevention and Correction of conditions likely to breed other vectors

When it appears that the condition of any land or premises favor the multiplication or prevalence of vermin or vectors other than mosquitoes, the County Health Administration having

jurisdiction shall give written notice to the owner or occupier of such land or premises, requiring him to take action with regard to such condition. Every notice under this Section shall specify the land or premises concerned, the measures required to be carried out and may impose a time limit for the completion of the work or for the carrying out of the measures specified in the notice.

Chapter 21. WATER POLLUTION CONTROL

§ 21.1. Definition of Terms

§ 21.2. Discharge of sewage and other offensive waste matter into waters of Republic prohibited

§ 21.3. Other pollution laws of Republic to apply where this Title is silent

§ 21.4. Duty of County Health administration to protect water supplies

§ 21.5. Water from wells

§ 21.6. Polluting of drinking water supplies prohibited

§ 21.1. Definition of terms

As used in this chapter, the following terms have the indicated meanings ascribed to them unless the context otherwise requires:

1. **"Waters or water of the Republic"** shall be construed to include lakes, bays, sounds, ponds, impounding reservoirs, springs, wells, rivers, streams, creeks, estuaries, marshes, inlets, canals, the Atlantic Ocean within the Economic Exclusion Zone of the Republic as defined under United Nations Convention on the Law of the Sea and its related or successor agreements to which Liberia is a party and all other bodies of surface or underground water, natural or artificial, inland or coastal, fresh or salt, public or private, except those private waters which do not combine or effect a junction with natural surface or underground waters, which are wholly or partially within or bordering the Republic or within its jurisdiction.
2. **"Drinking water"** means water, steam or ice used for human consumption or used directly or indirectly in connection with the preparation of food for human consumption, including food preservation and the cleaning of utensils used in the preparation of food.
3. **"Sewage"** means the water-carried human or animal wastes from residences, buildings, industrial establishments, agricultural enterprises or other places, together with such ground water infiltration and surface water as may be present.
4. **"Industrial or agricultural waste"** means any liquid, gaseous, solid or waste substance or a combination thereof resulting from any process of industry, manufacturing, trade or business, or from the development or recovery of any natural resources, or from any activity in connection with agricultural pursuits which may cause or might reasonably be expected to cause pollution of the waters of the Republic.
5. **"Other wastes"** means garbage, refuse, decayed wood, sawdust, shavings, bark, plastics, rubber, metal, disused machineries, wrecks, sand, lime, binders, ashes, offal, oil, tar, dyestuffs, acids, chemicals electronic and electrical wastes (e-waste), medical waste, radioactive waste or any other waste or pollutants defined as may be from time-to-time determined by the Environmental Protection Agency and all other discarded matter not

sewage or industrial or agricultural waste, which may cause or might reasonably be expected to cause pollution of the waters of the Republic.

6. **"Sewer system"** or **"sewage disposal system"** means pipe-lines or conduits, pumping stations and force mains, and all other constructions, devices and, appliances appurtenant thereto, used for conducting sewage, industrial or agricultural waste or other wastes to a point of ultimate disposal.
7. **"Outlet"** means the terminus of a sewer system or the point of emergence of any water-borne sewage, industrial or agricultural waste or other wastes or the effluent therefrom, into the waters of the Republic.
8. **"Garbage disposal system"** means any collection of items, vehicles, mechanisms, locations or conduits and all other constructions, landfills, composts, devices and appliances used for collecting, transporting or storing other wastes and their point of ultimate disposal.

§ 21.2. Discharge of sewage and other offensive waste matter into waters of Republic prohibited

No person shall place or cause to be placed, or cause or permit the fall, flow or discharge into any of the waters of the Republic any sewage, industrial or agricultural waste or other wastes, or any admixture injurious to public health, unless express permission to do so shall have been first given in writing by the minister as provided in this chapter. But in no case shall permission be granted with reference to waters which are sources of drinking water.

§ 21.3. Other pollution laws of Republic to apply where this Title is silent

This Section incorporates by reference relevant portions of Part V of the Environmental Law of Liberia titled: Pollution Control and Licensing.

§ 21.4. Duty of County Health Administration to protect water supplies

It shall be the duty of every County Health Administration to take all lawful, necessary and reasonably practicable measures with regard to preventing any pollution dangerous to health of any supply of water which the public within the area under its control has a right to use and does use; for purifying any such supply which has become polluted; and additionally, to take measures, including if necessary, initiating proceedings at law, against any person so polluting any such supply or polluting any stream or other source of water within the area under its control, so as to be a nuisance or danger to health.

§ 21.5. Water from wells

1. *Authorization required for use for any purpose.* Water from a well shall not be used for any purpose unless, after examination and analysis, authorization in writing has been issued by the County Health Administration within whose jurisdiction the well is located. Well water shall not be used for any purpose other than stated in the authorization. Authorization to use well water as drinking water shall not be issued unless the water has been examined and analyzed and found to meet the standards established therefor by the Minister.

2. *Protective measures for prevention of pollution.* A well shall not be constructed or maintained within 100 feet of a pump or standpipe or a public water supply system or within 100 feet of any part of a public or private sewage disposal system or other source of pollution. A greater distance may be required by the County Health Administration having jurisdiction if, in its opinion, there is danger of contamination of the well water. Suitable means shall be employed and proper precautions shall be taken by those who construct or maintain the well to prevent surface water from entering a well.

§ 21.6. Polluting drinking water supplies prohibited

1. It shall be unlawful to do any of the following in connection with any supply of water which the public has a right to use and does use for drinking water or in connection with any stream, river, or other source draining into or furnishing part of such water supply:
 - (a) to erect in the vicinity, any building, sanitary convenience, cattle kraal, pigsty, factory or other works which pollutes or is likely to entail a risk of pollution;
 - (b) to wash, bathe, swim, walk or otherwise set foot therein or in any pond, reservoir or other water works forming part thereof;
 - (c) to waste or cleanse therein any clothes or other articles whatsoever or to throw or cause to enter therein any animal, rubbish, filth, stuff or other impurity of any kind.
2. In application of the above, due cognizance shall be given to Section 35 of the Environment Law of Liberia.

Chapter 22. SEWERAGE

§ 22.1. Throwing injurious matter into sewers prohibited

§ 22.2. Water closets required if water supply and sewers available

§ 22.3. Latrines to be provided in all buildings

§ 22.4. Zoning Law to govern type of latrine or toilet to be placed in building

§ 22.5. Penalty

§ 22.1. Throwing injurious matter into sewers prohibited

No person shall throw, empty or turn, or allow or permit to be thrown or emptied or to pass into any public sewer, or into any drain or private sewer communicating with a public sewer, any of the following:

1. Any matter likely to injure the sewer or drain or to interfere with the free flow of its contents, or to affect prejudicially the treatment and disposal of its contents, or
2. Any chemical refuse or waste steam, or any liquid of a temperature higher than one hundred ten degrees (110°) Fahrenheit or forty-three point three degrees (43.3°) Celsius, being garbage or steam which, or a liquid which when so heated, is either alone or in combination with the contents of the sewer or drain, dangerous, or the cause of a nuisance or prejudicial to health, or

3. Any petroleum spirit or carbide of calcium.

§ 22.2. Water closets required if water supply and sewers available

If any existing building in the area under the control of a County Health Administration has a sufficient water supply and sewer available, the County Health Administration shall, by notice to the owner of the building, require that any latrines other than water closets, provided for or in connection with the building shall be replaced by water closets, and that the owner shall make an application within a specified time to have his/her drains made to communicate with a public sewer notwithstanding that the latrines to the building are sufficient in number and are not prejudicial to health or a nuisance.

§ 22.3. Latrines to be provided in all buildings

If it appears to a County Health Administration that any building in the area under its control is without latrine accommodation, or that any latrines provided for or in connection with such a building are in such a state as to be prejudicial to health or a nuisance and cannot without reconstruction be put into a satisfactory condition, the County Health Administration shall by notice to the owner of the building require him to provide the building with such latrines or additional latrines or such substitute latrines, as may be necessary, being in each case either water closets or earth closets of a type approved by the County Health Administration; provided that, unless a sufficient water supply and public sewer are available, the County Health Administration shall not require the provision of a water closet except in substitution for an existing water closet.

§ 22.4. Zoning Law to govern type of latrine or toilet to be placed in building

Every construction and all premises shall have reference to the Zoning Law when its sewer facilities are being constructed to ensure they are appropriate. If an existing building appears to have been constructed without reference to zoning laws, the County Health Administration shall ensure that any such building provides adequate facilities for the purpose for which it is used.

§ 22.5. Penalty

Any person who contravenes any of the provisions of this Chapter shall be guilty of a misdemeanor of the first degree.

Chapter 23. FOOD, BEVERAGES AND FOOD ESTABLISHMENTS

§ 23.1. Chapter definitions

§ 23.2. Adulteration prohibited; possession of food by dealer deemed for purpose of sale; export exception

§ 23.3. Adulterated food defined

§ 23.4. Sanitary handling of food

§ 23.5. Compulsory medical examination of food handlers

- § 23.6. *Sanitary requirements for food handlers*
- § 23.7. *General sanitary requirements regarding location of food establishment premises*
- § 23.8. *Cleaning procedures for premises, equipment, apparatus and utensils of food establishments*
- § 23.9. *Sealing of unclean equipment, apparatus, appliances and vehicles*
- § 23.10. *Sealing up of insanitary establishments on order of Local Authorities*
- § 23.11. *Special requirements for warehouses*
- § 23.12. *Special requirements for slaughterhouses*
- § 23.13. *Public market sites to be designated by Local Authorities*
- § 23.14. *Special requirements for establishments serving food*
- § 23.15. *Special requirements in the distillation and handling of distilled liquors*
- § 23.16. *Special requirements for establishments engaged in wholesale dealing in or in manufacturing non-alcoholic beverages*
- § 23.17. *Sanitary control of imports*
- § 23.18. *Powers to inspect for application of this Chapter, Penalties*

§ 23.1. Chapter definitions

When used in this chapter or regulations made pursuant to it, the following terms shall have the meaning herein ascribed to them:

1. **Beverage** means any drink, hot or cold, other than water.
2. **"Eating place"** means an establishment, other than a restaurant, where food is served, sold and eaten on the premises. The term includes, but is not limited to, school lunch rooms, dining rooms of clubs or associations, and eating places maintained in factories or offices for personnel employed in such places.
3. **"Food"** means articles including liquids used as nutriment for human consumption or use. It also refers to alcoholic and non-alcoholic beverages, chewing gum, ice and articles used for components or preservation of any such article.
4. **"Food establishment"** means a place where food is prepared, mixed, cooked, baked, smoked, preserved, bottled, packed, handled, stored, manufactured, offered for sale or sold. The term includes but is not limited to food processing establishments, slaughter houses, public markets, distilleries, wineries, breweries, establishments engaged in the manufacture and production of non-alcoholic beverages, refrigerated and dry warehouses, bakeries, restaurants and eating places, caterers, food counters, food stands, food carts, retail food stores, and vehicles; and weapons or utensils appertaining to such food establishments.
5. **"Food handler"** means an employee of or other person working in a food establishment who prepares, mixes, cooks, bakes, preserves, bottles, packs or handles food, or whose duties or the circumstances under which he works in such an establishment are such as may affect public health.
6. **"Off-the-premises retail food processing establishments"** means a bakery, box lunch store, or store selling box lunches, food counter, food stand, street stalls, waiter markets, food cart, caterer, or other type of retail food establishment which manufactures, mixes,

processes, pickles, slices and packages or prepares food for off-the-premises consumption but does not include a restaurant or eating place.

7. **"Restaurant"** means a public establishment where food is served, sold or eaten. The term includes, but is not limited to, buffets, lunch rooms, lunch counters, night clubs, bars, cafeterias, grillrooms, hotel dining rooms, cook shops, mobile food units, food stands and other such places that are without seating.

§ 23.2. Adulteration prohibited; possession of food by dealer deemed for purpose of sale; export exception

1. *Food in domestic and foreign commerce.* Except as provided in Subsection (2), no person shall adulterate any article of food, or manufacture, produce, pack, possess, sell or offer for sale (whether on the domestic market or for export), deliver or give away any article of food which is adulterated. An article of food in the possession of, held, kept or offered for sale by a dealer in any such article shall prima facie be deemed to be held, kept or offered for sale for human consumption or use.
2. *Exception for certain exports.* A food intended for export shall not be deemed to be adulterated under the provisions of this chapter if it (a) accords to the specifications of the foreign purchaser, (b) is not in conflict with the laws of the country to which it is intended for export and (c) is labeled on the outside of the shipping package to show that it is intended for export. But if such article is sold or offered for sale in domestic commerce, the provisions of this Section shall not exempt it from any of the provisions of this Subchapter.

§ 23.3. Adulterated food defined

A food shall be deemed adulterated when any of the following conditions are present:

1. If it bears or contains any poisonous or deleterious substance which may render it injurious to health; or
2. If it contains a substance added in a manner, form or quantity that is not generally recognized as safe; or
3. If it contains a substance added in a manner, form or quantity that is not generally recognized as appropriate for the article; or
4. If it contains substances that are not obvious nor disclosed for determination through labeling as to whether it is appropriate for the article; or
5. If it consists in whole or in part of any filthy, putrid or decomposed substance, or if it is otherwise unfit for food; or
6. If it has been produced, prepared, packed or held under insanitary conditions whereby it may have become contaminated with filth or whereby it may have been rendered injurious to health; or
7. If it is, in whole or in part, the product of a disease animal or of an animal which has died of unknown cause, or which has been fed upon uncooked offal or uncooked garbage; or

8. If its container is composed, in whole or in part, of any poisonous or deleterious substance that may render the contents injurious to health.

§ 23.4. Sanitary handling of food

The following basic sanitary measures shall obtain at all food establishments:

1. Food shall be manufactured, prepared, processed or packed with clean and sanitary utensils and equipment which in no event shall be made wholly or in part of lead, cadmium or of any other substance which may be so affected by food as to form dangerous or deleterious compounds, or as to render food which comes into contact with such substance unwholesome or detrimental to health. Food shall not be touched by hand, except where the hands of the food handlers are being washed frequently during the operation and shall be kept clean at all times.
2. There shall be provided in each food establishment adequate facilities and equipment and such precautions shall be taken as may be necessary, or as the NPHIL may order, for the protection of food from dust, dirt, rodents or other vermin, insects and other pests, foreign material and other contamination.
3. Machinery, equipment and pipes leading to and connected with such machinery and equipment shall be so placed and properly protected as to prevent dust, dirt, inedible oil, and other offensive or foreign substance from contaminating food.
4. Food shall be handled, stored, prepared, preserved and otherwise processed in a clean and sanitary manner.
5. Readily perishable foods, unless otherwise provided, shall be kept at all times under appropriate heat treatment or at temperature no higher than 10 degrees Celsius (50 degrees Fahrenheit) in order to prevent spoilage or the growth of pathogenic organisms. Care should be taken to ensure that in cases where lower temperature is required, it is the one provided.
6. Smoking, use of tobacco in any form or spitting in any room where food is prepared, processed or packaged is prohibited. Signs prohibiting smoking or spitting shall be conspicuously posted in such rooms and in and about the premises in which they are contained.
7. Food which has become unfit for human consumption over time, during handling or processing, which includes food ready to be eaten without further preparation and other food which has spilled and come in contact with the floor or other unclean surface, generally known as floor sweepings, shall be promptly denatured, its label defaced and the product marked condemned, and it shall be kept separate and apart from foodstuffs which are held or offered for sale. As used in this Subsection, to denature means to treat the food with a disinfectant or other distinguishing substance. The presence of the disinfectant or other distinguishing substances on the food shall clearly identify it as being inedible.

§ 23.5. Compulsory medical examination of food handlers

1. Food handlers shall be subject to a thorough medical examination by a licensed physician with frequency and components as determined by regulations as provided by the NPHIL. The examining physician, as soon as practicable, shall furnish a copy of his report to the employer of the person examined and file a duplicate copy with the County Health Team having jurisdiction and if such person is found to be suffering from a communicable disease requiring isolation or exclusion, he/she shall not be permitted to work and shall not be allowed to return to work until he presents a certificate of recovery issued by the County Health Team having jurisdiction or a licensed physician's written statement, indicating that he/she is free from disease in communicable form and that the required period of isolation or exclusion has been ended.
2. A food establishment shall have obligation to ensure that an employee who shows visible signs of a communicable illness shall have immediate medical examination and go for care as described above.

§ 23.6. Sanitary requirements for food handlers

All food handlers shall be clean in their habits. They shall wear clean, washable outer garments of light color, preferably white and when required by the County Health Team having jurisdiction, they shall wear protective gear. They shall thoroughly wash their hands with soap and water before beginning work, immediately after each visit to the latrine, and at all other times when necessary during the course of work.

§ 23.7. General sanitary requirements regarding location of food establishment premises

The premises upon which food establishments are located and any place where food is processed, prepared, packed, stored or exposed for sale shall be of a size sufficient to prevent overcrowding and adequate space shall be provided for the conduct of operations and for effective cleaning and inspection. A sufficient number of latrines shall be provided for food handlers employed therein and consuming public, which shall be maintained in a clean and sanitary manner but no latrine shall be so placed therein that offensive smells therefrom can penetrate into such premise. Food shall not be processed, prepared, packed, stored or exposed for sale and food establishments shall not be located in rooms used for dwelling purposes or in any room used for sleeping purposes, or in a cellar unless such use of the cellar has the written approval of the County Health Team having jurisdiction, after an inspection made with reference to health safeguards.

§ 23.8. Cleaning procedures for premises, equipment, apparatus and utensils of food establishments

The following cleaning procedures shall be followed in all food establishments:

1. The premises of a food establishment, its equipment, apparatus and utensils, including vehicles used for the transportation of food shall be maintained in a clean and sanitary condition and shall be cleaned at least once a day and more frequently when necessary. The cleaning shall be performed by personnel specially assigned this duty, whose operation and procedures shall be supervised by the person in charge of the food establishment. Adequate facilities shall be provided for so doing.

2. Garbage and waste materials shall not be permitted to accumulate or to become a nuisance, but shall be placed in tightly covered water-tight receptacles or shall be disposed of promptly, without intervening storage, by incineration or by being conveyed and deposited in such place as may be selected and appointed for the purpose. The garbage receptacles and their covers shall be properly cleansed immediately upon emptying.
3. All multi-use bottles, receptacles or other containers used in the preparation, service or transportation of food shall be cleansed before each use in such manner that the bottles, receptacles or other containers are clean and sanitary and free from residue of any other materials.
4. All new bottles, receptacles and other containers, other than paper or plastic single service containers, shall be thoroughly rinsed or subjected to a cleansing process for the purpose of removal of lint, glass splinters and other foreign materials, prior to their being used in the preparation, service or transportation of food.

§ 23.9. Sealing of unclean equipment, apparatus, appliances and vehicles

When, in the opinion of a public health officer assigned to a County Health Team, any equipment, apparatus, utensil or vehicle in a food establishment situated in an area over which the County Health Administration has jurisdiction, is in an unclean condition, such equipment, apparatus, utensil, vehicle or any part thereof may be sealed upon the approval of the head of such County Health Team. At the time of sealing of the article, the representative of the County Health Administration shall affix thereto labels or conspicuous signs bearing the word "unclean" and he/she shall also prepare in duplicate, on a form furnished by the Minister, a notice of this action. He/she shall serve the duplicate on the owner or person in charge of the food establishment and shall file the original with the County Health Team involved. The notice shall order the discontinuance of the use or operation of the unclean article until it shall have been cleaned and the seal, labels or signs removed by a representative of the County Health Administration involved.

§ 23.10. Sealing up of insanitary establishments on order of County Health Administration

When a County Health Administration finds a food establishment within the areas over which it has jurisdiction, or any part thereof, to be insanitary, it shall order the discontinuance of operations in the establishment until all the objectionable conditions are removed. Such order, giving 48 hours' notice of the action, shall be served in writing. If the order is not complied with, the County Health Administration shall file in its office a written order stating the reasons therefore and without further notice, such County Health Administration may fasten up and seal the kitchen, ovens, refrigerators, stoves or other food handling apparatus of the establishment and affix to all such apparatus, and equipment labels or conspicuous signs bearing the word "unclean". The seals, labels or signs shall not be removed except by order of the County Health Administration involved and not until the objectionable conditions are removed.

§ 23.11. Special requirements for warehouses

1. *Construction safeguards against rodents, insects and other pests.* Warehouses, buildings and parts of buildings of whatever nature in regular use for the storage of foodstuffs for

trade purposes shall be constructed of such materials and in such manner as shall render such warehouses or buildings rodent and vermin proof. All openings into the outer air shall be effectively screened and the doors shall be self-closing, unless other effective means such as effective fly fans or effective air curtains are provided to prevent the access of, and to prevent food contamination, by insects and other pests.

2. *Disposition of food unfit for human consumption.* Food in a warehouse which has become apparently unfit for human consumption shall be kept separate and apart from wholesome food. The owner or person in charge of the warehouse shall notify the County Health Administration having jurisdiction over the area in which the warehouse is located and the owner of the affected food of the presence of such food. If the food is found unfit it shall be denatured, marked "condemned" and removed either upon the order of its owner or the County Health Administration involved.
3. *Records to be kept of articles stored.* The owner or person in charge of a warehouse shall maintain written records of the following information for a period of one year from the date of release of the foods stored:
 - (a) The kind of food stored, its origin and quantity in weight or count;
 - (b) The date of receipt; and the name and address of the person for whom stored; and
 - (c) The date of release, its destination, and the name and address of the person to whom released.

§ 23.12. Special requirements for slaughterhouses

No person shall operate or maintain a place for the conduct of the business of slaughtering fowl, cattle, calves, sheep, lambs, swine, goats or other livestock except at a site approved by the County Health Administration having jurisdiction over the area involved and unless a permit has been granted pursuant to the provisions of chapter 2. An occupier of any Premises, however, may, without obtaining such permit but with the written permission of the County Health Administration having jurisdiction over the area involved and subject to such conditions as may be laid down in such permission, slaughter any sheep, lambs, swine or goats upon such premises for his own consumption.

§ 23.13. Public market sites to be designated by Local Authorities

A public market shall be maintained only at a site designated or approved in writing by the County Health Administration having jurisdiction over the area involved. Such approval is to be based upon to sanitation facilities being available at the site and the taking into consideration of the convenience of persons living in the immediate neighborhood.

§ 23.14. Special requirements for serving food

1. *Permits required for restaurants in all county capitals and cities over 5,000 populations.* In cities whose population is 5,000 or more or are county capitals, no person shall maintain or operate a restaurant without a permit issued in accordance with the provisions of chapter 2. The application shall contain data on the type of restaurant for which a permit is sought, its

layout, the equipment to be used, its sanitary program and such other information as the Minister may require.

2. The NPHIL shall determine need for expanding the categories or situations in which it is required to have a permit before operating a restaurant.
3. *Sanitary requirements.* In cleansing of restaurants and articles therein the use of water which has become unsanitary by previous use is prohibited. When, in the opinion of a County Health Administration having jurisdiction, any such food serving establishment lacks adequate facilities for cleansing and sterilization of utensils, the use of single service utensils may be required by it. No single service utensil shall be reused. They shall be discarded immediately after use.

§ 23.15. Special requirements in the distillation and handling of distilled liquors

1. *Metallic composition of stills.* No distiller shall use any metal tank other than one of brass or copper in the distillation of liquor except proof of the suitability of such material has been obtained from the NPHIL.
2. *Types of containers permitted in transportation or storage of liquor.* No person shall use any metallic container other than brass, copper or aluminum for the transportation or storage of liquor. Containers made of wood, glass, earth ware, rubber or other materials approved by the NPHIL, however, may be so used.

§ 23.16. Special requirements for establishments engaged in wholesale dealing in or in manufacturing non-alcoholic beverages

1. *Artificial and natural mineral, spring and other water.* Every person who imports, manufactures or sells at wholesale any artificial or natural mineral, spring or other water for drinking purposes shall file a statement with the NPHIL setting forth the name of such water, the exact location from where it is obtained, its chemical analysis, and the result of bacteriological examination, and in case of manufacture the substances or elements entering into its composition.
2. *Carbonated and non-carbonated beverages.* Non-alcoholic beverages containing carbonated or non-carbonated water manufactured in the Republic shall be prepared only from water obtained from a source certified as potable by the NPHIL, after scientific examination and analysis thereof.
3. *Separate syrup room required.* Rooms used for the manufacture or preparation of syrup or the extraction of fruit juices as components of non-alcoholic beverages shall be used for no other purpose.
4. *Labeling to reflect analysis performed by NPHIL and other government agencies.* Every beverage manufactured shall before being proffered for sale, have its label reflect the fact of this examination and the composition stated as that revealed or confirmed during analysis.

§ 23.17. Sanitary control of imports

1. *Procedure for examination and refusal of admission.* Upon the request of the the Director General of NPHIL, the Minister of Finance 7 Development Planning shall deliver for examination as to wholesomeness, samples of food which are being imported or offered for import into the Republic. Determination of suitability for entry shall be done in collaboration with the Ministry of Agriculture and the Ministry of Commerce, in line with the mandates for the respective Ministries. Notice thereof shall be given to the owner or consignee, who shall appear before the Minister of Health and have the right to prove the wholesomeness of the samples that has been manufactured, processed or packed under insanitary conditions, or (b) that such being examined. If it appears from the examination of such samples or otherwise (a) that such article is adulterated or misbranded, or (c) that such article is forbidden or restricted in sale in the country in which it was produced or from which it was exported, then, except as provided in Subsection (2), such article shall be refused admission. The Minister of Finance shall cause the destruction of any such articles refused admission, unless such articles are exported, under regulations prescribed by the Minister of Finance, within ninety days of the date of notice of such refusal or within such additional time as may be permitted pursuant to such regulations.
2. *Procedure for delivery pending determination.* Pending decision as to the admission hereunder of articles being imported or offered for import, the Minister of Finance may authorize delivery of such articles to the owner or consignee for storage upon the furnishing of a good and sufficient bond providing for the payment of such liquidated damages as may be required in the event of a default in the turning over of such articles for destruction, when so ordered, or alternatively, upon failure to export them, as provided in Subsection (1). The Ministries mentioned in Subsection (1) above shall provide advice as to articles whose delivery may not be allowed while final determination is pending.
3. *Charges concerning refused articles.* All expenses, including travel, per diem or subsistence, and salaries of officers or employees of the Government, in connection with the destruction provided for in Subsection (1), the amount to be determined in accordance with regulations and all expenses in connection with the storage, cartage, or labor with respect to any article refused admission under Subsection (1), shall be paid by the owner or consignee and, in default of such payment, shall constitute a lien against any future importations made by such owner or consignee.
4. *International regulations cognizable.* In the application of this Section, due consideration will be given to international regulations on standards of quality and procedure, to which Liberia is a party.

§ 23.18. Powers to inspect for application of this Chapter, Penalties

The NPHIL shall have power to inspect facilities for application of this Chapter in keeping with Section 4.7 of this title. In this regard, the Ministry shall adopt regulations for penalties for the violation of this Chapter.

Chapter 24. SANITATION AT OTHER ESTABLISHMENTS AND PREMISES

§ 24.1. *Chapter definitions*

§ 24.2. *Nuisances not to occur at establishments and premises*

§ 24.3. *Reporting of nuisances*

§ 24.4. *Abatement*

§ 24.5. *Sealing up of insanitary establishments and premises*

§ 24.6. *Crowd Control*

§ 24.7. *Vacant Lots*

§ 24. 1. Chapter definitions

When used in this chapter the following terms shall have the meaning herein ascribed to them:

1. **"Vermin"** means insects, small animals, birds which are generally recognized as undesirable as a consequence of their involvement in the transmission of disease, damage to food, textiles, books or similar useful items with the likelihood of causing injuries or discomfort, and cannot be ascribed any useful purpose or conservation value. Vermin include but are not limited to mosquitoes, flies, cockroaches, fleas, lice, bedbugs, mice, rats, book and woodborers, various pests and such others as are determined or enumerated in regulations made by the Minister.

§ 24.2. Nuisances not to occur at establishments and premises

1. The premises upon which establishments are located shall be of a size sufficient to prevent overcrowding and adequate space shall be provided for the conduct of operations and for effective cleaning and inspection. In cleansing of establishments and premises, the use of water which has become unsanitary by previous use is prohibited. When, in the opinion of a County Health Administration having jurisdiction, any establishment lacks adequate facilities for cleansing and sterilization of its utensils or tools, the use of single service utensils or tools may be required by it. No single service utensil shall be reused. They shall be discarded immediately after use.
2. A sufficient number of latrines shall be provided for employees therein and members of the public coming to said establishment, which shall be maintained in a clean and sanitary manner and no latrine shall be so placed therein that offensive smells therefrom can penetrate into such premise. No establishment should allow a nuisance as defined in Section 18.1 of this Title.

§ 24.3. Reporting of Nuisance

Any person working at an establishment or on a premises shall have the right to report a nuisance to the County Health Administration. A member of the public shall also have standing to report a nuisance at an establishment or premises if it comes to his knowledge and causes his inconvenience. However, if in any case a nuisance occurred but was not reported, responsibility for this non-reporting will be ascribed to the person in charge of the establishment.

§ 24.4. Abatement

To the extent applicable, the measures for abatement in Section 18.6 to 18.13 shall apply.

§ 24.5. Sealing up of insanitary establishments and premises

Sealing of insanitary establishments and premises shall be done in a manner consistent with Section 23.9 to 23.10 of this Title.

§ 24.6. Crowd Control

1. No person shall cause to gather a number of persons above one thousand for more than twenty-four hours or over an hour daily for more than three days in sequence, if these conditions are not met:
 - (a) Provision of means of waste collection for the crowd;
 - (b) Provision of latrine facilities;
2. In the event where the crowd is expected to exceed 2000 persons, the organizers are additionally required to make arrangements for first aid treatment or ambulances on site and mode for egress in case of an emergency.
3. The Minister shall promulgate such other regulation which shall ensure that crowds do not become or leave nuisances in their wake and at the same time reduce the risk of transmission of communicable diseases in crowds.

§ 24.7. Vacant Lots

Prevention of nuisances on vacant lots shall be the responsibility of the owner of the lot. This shall be governed by regulations prepared by the Minister that takes into consideration the level of urbanization of the community where the vacant lot occurs, the preservation of local environmental diversity and the roles of neighbors of a vacant lot to report existence of a nuisance if it occurs.

Chapter 25. OCCUPATIONAL HEALTH AND SAFETY

§ 25.1. Exceptions made in the Decent Work Act

§ 25.2. Cooperation with the Ministry of Labor

§ 25.1. Exceptions made in the Decent Work Act

The NPHIL, in collaboration with the Ministry of Health, shall prescribe regulations for a healthy and safe working environment for individuals and workplaces not covered by the Decent Work Act as stated in the exceptions mentioned in *Section 1.5.c. i. of the Decent Work Act* which includes but is not necessarily limited to work falling within the scope of the Civil Service Agency Act as contained in Chapter 66 of the Executive Law or in such other law as may be enacted in its place. The Legislature may also prescribe such other categories of employment places which are not covered by the Decent Work Act.

§ 25.2. Collaboration with the Ministry of Labor

1. The NPHIL, in consultation with the Ministry and other relevant government ministries and agencies, shall provide such support as may be required or necessary upon request in

assisting the Ministry of Labor to prepare, validate and implement regulations on occupational health and safety issues enforcing chapters 31 and 32 of the Decent Work Act.

2. The NPHIL shall inquire, investigate, recommend and enforce recommendations at workplaces in the event where it is established that a work related health condition of an employee or recent employee leads to illness of another person (non-employee of the entity) outside the place of work or creates significant risk that such illness may occur. A recent employee shall be defined as a person whose last day of work was during the period of incubation of a medical condition linked by their work.

PART IV. HEALTH STANDARDS OF PUBLIC AND PRIVATE INSTITUTIONS

Chapter 26. HEALTH INSTITUTIONS

Subchapter A. Supervision; Permits; Medical Examination; Isolation

§ 26.1. *Definitions*

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§ 26.3. *Permits required for privately controlled health and social welfare institutions*

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§ 26.5. *Revocation or suspension of permits issued to privately controlled health and social welfare institutions*

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Subchapter A. Supervision; Permits; Medical Examination; Isolation

§ 26.1. Definitions

In this Chapter or regulations made pursuant to it:

1. **"Social Welfare Institution"** means an institution that is involved in taking care of:
 - (a) old people,
 - (b) disabled (physically challenged) persons, and/or
 - (c) orphans

§ 26.2. LHPC to supervise public health aspects of health institutions

The LHPC is charged with the duty of inquiring, from the standpoint of public health including the administration of medical care and health related services, into the operation of all hospitals, Health centers and clinics, mental institutions, maternity clinics, sanitariums, nursing homes, convalescent homes, infirmaries, and any other institution where invalids or convalescents are treated or received, and every institution, whether publicly or privately controlled, and shall conduct periodic inspections of their facilities with respect to the fitness and adequacy of their premises, equipment, personnel, rules and by-laws, standards, and administration of medical care and health related services.

§ 26.3. Permits required for privately controlled health and social welfare institutions

When privately controlled, no person shall operate any of the institutions specified in Section 26.2 without a valid permit issued by the relevant professional bodies in accordance with the provisions of chapter 2. All institutions specified in Section 26.2, however, whether publicly or privately controlled, shall comply with the other provisions of this title, when applicable.

§ 26.4. Permits issued to private institutions only upon proof of compliance with building and fire safety laws.

No privately controlled institution required by the provisions of Section 26.3 to obtain a permit to operate shall be granted such a permit unless it has met all requirements of the health infrastructure regulations and standards of the LHPC and obtained: (1) a statement from the Minister of Public Works that the applying institution's premises currently comply with all applicable building laws and regulations, (2) a statement from the Director of the National Fire Service that its premises currently meet all applicable laws and regulations relating to fire control, and (3) certified environmental impact assessment statement from the Environmental Protection Agency. In applying for a renewal of such permit, each institution shall affirm the continuation of such compliance with the building, fire, and environmental control laws and regulations.

§ 26.5. Revocation or suspension of permits issued to privately controlled health and social welfare institutions

A permit to operate a privately controlled and social welfare institution issued pursuant to the requirements of Section 26.2, may be revoked, suspended, limited or annulled by the issuing authority after a hearing held in accordance with Sections 82.3, 82.4, and 82.5 of the Administrative Procedure Act, or its succeeding legislation, if, it is established that such institution has failed to comply with the relevant provisions of this title or rules and regulations made thereunder, including in the case of a health institutions (hospital, health center ,clinics); and other institutions providing health related services, has refused or failed to admit or provide for necessary emergency care and treatment for persons brought to it in an unconscious, severely ill, or wounded condition.

§ 26.6. Medical examinations required for staff of all health facilities and social welfare institutions

No person shall be assigned to work in any health institution specified in Section 26.2 or in a kitchen which prepares food and drink for any such institution, until he/she has been given a thorough medical examination by a licensed physician including a tuberculin skin test and chest x-ray. Thereafter such personnel shall undergo annual medical examinations which shall also include such tests, and shall further undergo such additional interim examinations as the relevant professional bodies may require. Individual records of all such medical examinations, tests and x-rays shall be forwarded to and kept on file by the persons in charge of such institutions. All such personnel shall report any symptoms of illness to a licensed physician designated by the institution by which they are employed and if found to be affected with a disease in communicable form, shall be excluded from working in such institution until they are found free from such disease.

§ 26.7. Sanitary maintenance of health facilities and other institutions

All parts of a health facility and other institutions covered by the provisions of Section 26.2 shall be maintained in a clean, sanitary manner in accordance with Infection Prevention Control Regulations and Standards of the LHPC so as to eliminate all hazards to the health of the persons accommodated therein. Cleaning practices involving day dusting and dry sweeping shall not be permitted in these institutions.

§ 26.8. Isolation in hospitals and other institutions

The person in charge of an institution referred to in Section 26.2 shall, in accordance with Chapter 8 of this Title, isolate cases of persons affected with a communicable disease, including carriers and suspected cases and shall provide facilities which can be used for their isolation. When the strict application of the provisions of this Section presents practical difficulties or unusual hardships, the LHPC, in a specific instance, may modify the application of such provisions consistent with the general purpose of this Section and upon such conditions as in his or her opinion are necessary for the protection of the public health.

§ 26.9. Specific requirements pertaining to hospitals, Health Centers, Clinics and other Health institutions

1. *Hospitals.* The following specific requirements shall be observed at all hospitals, whether publicly or privately controlled:
 - (a) Ensure every health professional holds a valid, current license, and that a licensed physician is available on call at all times.
 - (b) All Interns and Students: doctors, pharmacists, nurses, dispensers, midwives, Physician assistants and laboratory technicians and attendants shall be supervised by licensed professionals in the respective field of specialization.
 - (c) All drugs in possession of a hospital or on its premises shall be kept in the pharmacy or in a medicine cabinet under lock and key in charge of a registered pharmacist, Physician Assistant, or nurse. The containers of such drugs shall bear securely

attached labels which legibly state the generic name of such drugs, the permitted dosages, and required cautions.

- (d) Food served to patients shall be selected and prepared under the supervision of a qualified dietician, qualified nutritionist, or a nurse with special training in dietetics, however, food coming from outside shall be subject to inspection by the health facility.

2. *Health Centers, Clinics and other health related institutions*

The following specific requirements shall be observed at all health centers and clinics, and other institutions providing health related services whether publicly or privately controlled:

- (a) A licensed health professional shall oversee the health institution as officer in charge (OIC)
- (b) Ensure all health care professionals and attendants within the institution hold valid, current licenses, and are supervised by the officer in charge.
- (c) All drugs based on the level of service (health center or clinic) in its possession or on its premises shall be kept in the pharmacy or medicine cabinet under lock and key in charge of a licensed health professional and/or pharmacy technician. The containers of such drugs shall bear securely attached labels which legibly state the generic name of such drugs, the permitted dosages, and required cautions.
- (d) For other related health care institutions providing health services the above shall apply based on the level of services provided. Food served to patients shall be selected and prepared under the supervision of a qualified dietician, qualified nutritionist, or a nurse with special training in dietetics, however, food coming from outside shall be subject to inspection by the health facility.

Subchapter B. Specific Requirements Pertaining to Health Institutions Generally

§ 26.10. Definitions

In this Chapter:

1. **“Health care personnel”** means individuals who are employees, volunteers, or trainees of a health institution.
2. **“Health institution”** means an institution (hospital, Health center, clinic, sanitarium, nursing /convalescent homes, mental health institutions and infirmary) that is in the business of providing health care to the public, whether privately or publicly owned.
3. **“Sanitariums”** - a place for the medical treatment of people who are convalescing or have a chronic illness
4. **“Nursing /Convalescent homes”** – an providing residential accommodations with continual nursing care and have significant difficulty coping with the required activities of daily living, especially for elderly people

5. **“Mental health care institution”**- an institution providing specialized care in the treatment of people with serious psychiatric /mental illnesses
6. **“Infirmery”** - a place (as in a school or prison) where sick or injured individuals receive care and treatment.
7. **“Emergency medical treatment”** means a network of services coordinated to provide aid and medical assistance ranging from primary response to definitive care, involving personnel trained in the rescue, stabilization, transportation, and advanced treatment of traumatic or medical emergencies.
8. **“Personal Representative”** means a person who has the legal authority to act on behalf of another person. In the case of a minor, the personal representative may be a parent, guardian, or legal representative. In the case of a person who is otherwise unable to grant consent, a personal representative may be a guardian, attorney-in-fact, or another person legally competent to serve as a representative.
9. **“User”** means a person who has either called a hospital or its authorized personnel, or has come to, or is being brought to a health facility/ health care institution for the purpose of receiving medical or dental care or treatment, whether or not such person is admitted or registered as a patient.
10. **“Emergency Medical conditions”**
 - (a) A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain or bleeding) and is life threatening such that the absence of immediate emergency medical or surgical care could result in:
 - i. Serious risk to the health of the individual or, with respect to a pregnant woman, her health or her unborn child;
 - ii. serious impairment to bodily functions; or
 - iii. serious dysfunction of any bodily organ or part;
 - (b) The following conditions shall be considered for emergency medical services:
 - i. A pregnant woman with severe bleeding or pain
 - ii. An unconscious user/patient
 - iii. A user /patient with major injuries such as fracture/broken bones of a body part (limbs or other body parts)
 - iv. A user with severe uncontrolled bleeding
 - v. A user or patient with severe difficulty in breathing
 - vi. Fainting
 - vii. Chest pain or pressure
 - viii. Severe pain
 - ix. Poisoning
 - x. A user/patient convulsing

- xi. Coughing and vomiting blood
 - xii. Any other conditions that may be determined as emergency by the attending health practitioner
11. **“to stabilize”** means, with respect to an emergency medical condition described in Section 26.10(10)(a), to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical likelihood, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or, with respect to an emergency medical condition described in Section 26.10(10), to deliver (including the placenta).
 12. **“referral”** means the movement (including the discharge) of an individual outside a health institution’s facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) a health facility/ health care institution, but does not include such a movement of an individual who (a) has been declared dead, or (b) leaves the facility without the permission of any such person.

§ 26.11. Discrimination; Emergency and other treatment

The following requirements shall apply to all health institutions, whether publicly or privately owned:

1. Every health institution shall attend to a user without any form of discrimination including disability. Discrimination occurs when people are treated less fairly than others
2. A health institution shall not refuse a person emergency medical treatment for any reason whatsoever.
3. A health institution must attend to a user’s immediate and urgent health care needs before asking questions of the user or any member of the user’s family concerning payment. The user or the user’s family shall supply any requested information promptly before and/or after the user’s condition is stabilized.
4. If any user comes to a health institution and the institution determines that the user has an emergency medical condition, the institution must provide either:
 - (a) within the staff and facilities available at the health facility/health care institution, for such further medical examination and such treatment as may be required to stabilize the medical condition, or
 - (b) for referral of the individual to another health institution in accordance with Subsection (8) below.
5. *Refusal to Consent to Treatment.* A health institution is deemed to meet the requirement of Subsection (4)(a) with respect to a user if the institution offers the user the further medical examination and treatment described in that Section and informs the user (or a person acting on the user’s behalf) of the risks and benefits to the user of such examination and treatment, but the individual (or a person acting on the individual’s behalf) refuses to consent to the examination and treatment. The institution shall take all reasonable steps, and shall document same, to secure the user’s (or person’s) written informed consent to

refuse such examination and treatment. The personnel in charge of the user's care shall document the action taken and obtained a signature of at least two eye witnesses.

6. *Restricting Transfers until Individual Stabilized.*

- (a) If a user at an institution has an emergency medical condition which has not been stabilized (within the meaning of Subsection (4)(a) of this Section), the institution shall not transfer the individual unless:
- i. the user (or a legally responsible person acting on the user's behalf) after being informed of the institution's obligations under this Section and of the risk of transfer, in writing requests transfer to another medical facility; or
 - ii. a physician or otherwise qualified person has signed a certificate that the transfer to the particular facility is an appropriate transfer, based upon the information available at the time of transfer, because the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the user and, in the case of labor, to the unborn child from effecting the transfer;

A certification described in Subsection (6)(a)(ii) shall include a summary of the risks and benefits upon which the certification is based.

(b) *Appropriate Transfer.* An appropriate transfer to a medical facility is a transfer:

- i. in which the transferring hospital provides the medical treatment within its capacity which minimizes the risks to the user's health and, in the case of a woman in labor, the health of the unborn child;
- ii. in which the receiving facility has available space and qualified personnel for the treatment of the individual, and
- iii. in which the transferring hospital sends to the receiving facility all medical records (or copies thereof), related to the emergency condition for which the user has presented, available at the time of the transfer, including records related to the user's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests and the informed written consent or certification (or copy thereof), and the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment;
- iv. in which the transfer is effected through qualified personnel and transportation equipment, as required including the use of necessary and medically appropriate life support measures during the transfer; and
- v. which meets such other requirements as the LHPC may find necessary in the interest of the health and safety of users transferred.

7. *Refusal to Consent to Referral.* A health institution is deemed to have met the requirement of Subsection (5) with respect to a user if the institution offers to referred the user to another medical facility and informs the user (or a person acting on the individual's behalf) of the risks and benefits to the user of such referral, but the user (or a person acting on the user's behalf) refuses to consent to the referral. The hospital shall take all reasonable steps,

and shall document same, to secure the user's (or person's) written informed consent to refuse such referral. The personnel in charge of the user's care shall document the action taken and obtained a signature of at least two eye witnesses.

8. *Requirements for Referral.* A referral to a medical facility is a transfer:
 - (a) in which the referring Health Facilities Health institutions is unable to provide the medical treatment within its capacity which minimizes the risks to the user's health. in which the referring Health Facilities Health institutions sends to the receiving facility all medical records (or copies thereof), related to the emergency condition for which the user has presented, available at the time of the referral, including records related to the user's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests and the informed written consent or certification (or copy thereof), and the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment;
 - (b) in which the referral is effected through qualified personnel and transportation equipment, as required including the use of necessary and medically appropriate life support measures during the referral; and
 - (c) The health institutions to which the users are referred shall provide a written feedback to the referring health institutions
 - (d) which meets such other requirements as the LHPC may find necessary in the interest of the health and safety of users referred.
9. *Violation.* Any person(s) or institution who contravenes any provision of this Chapter shall be held liable for medical malpractice pursuant to chapters 1 and 37 of this Title.
10. *Relief.* Any user who suffers personal harm as a direct result of a health institution's violation of a requirement of this Section may, in a civil action against the institution, obtain those damages available for personal injury under the law of the Republic, and such equitable relief as is appropriate.

§ 26.12. Rights of Health Care Personnel

1. Subject to any applicable law, the head of the health institution may impose conditions on the services that may be rendered by healthcare personnel on the basis of health status except if the healthcare personnel claim a conscientious objection. The LHPC shall adopt regulations describing acceptable grounds for a conscientious objection.
2. Subject to any applicable law, every health institution shall implement measures to minimize:
 - (a) injury or damage to the person and property of health care personnel working at that institution or facility; and
 - (b) disease transmission.

§ 26.13. Informed consent; required information.

1. Every health care provider shall give a user relevant information pertaining to his/her state of health and necessary treatment relating thereto including:
 - (a) the user's health status except in circumstances where there is substantial evidence that the disclosure of the user's health status would be contrary to the best interests of the user;
 - (b) the range of diagnostic procedures and treatment options generally available to the user;
 - (c) the benefits, risks, costs and consequences generally associated with each option; and
 - (d) the user's right to refuse health services and explain the implications, risks, obligations of such refusal.
2. The health care provider concerned shall, where possible, inform the user in a language that the user understands and in a manner which takes into account the user's level of literacy.
3. The Minister of Health, every County Health Director, and every private healthcare provider shall ensure that appropriate, adequate and comprehensive information is disseminated and displayed at facility level on the health services for which they are responsible, which shall include:
 - (a) the types of health services available;
 - (b) the organization of health services;
 - (c) operating schedules and timetables of visits;
 - (d) procedures for laying complaints; and
 - (e) the rights and duties of users and health care providers.

§ 26.14. Confidentiality

1. All identifiable information concerning a user, including information relating to his or her health status, treatment or stay in a health institution is confidential and may be disclosed only as provided in Subsection (2).
2. Confidential information may be disclosed in the following circumstances:
 - (a) for legitimate purposes related to the delivery, payment, or administration of health care services to the user or another individual;
 - (b) pursuant to written consent from the user or the user's personal representative;
 - (c) in response to a court order;
 - (d) pursuant to any law that requires or specifically authorizes disclosure;
 - (e) disclosure is for the purpose of protecting the public health and is otherwise authorized by law;

- (f) for research purposes, prior disclosure from users must be signed at the point of accessing health services and if the research is authorized by the health institution/ other health authority, it should be approved by relevant health research ethics committee
 - (g) to law enforcement officials, pursuant to a lawfully issued warrant or in an emergency.
3. The LPHH may adopt regulations to identify other categories of authorized disclosures.

§26.15. Records; security of records

1. The person in charge of a health institution shall ensure that the health record of every user of health service is created and available at that health institution at all times.
2. The person in charge of a health institution who is in possession of a user's health records shall establish administrative, technical, and physical safeguards to prevent unauthorized access to those records and to the storage facility in which, or system by which, records are kept.
3. No person shall:
 - (a) fail to perform a duty imposed on them under §26.16;
 - (b) falsify any record by adding to or deleting or changing any information contained in that record;
 - (c) create, change, or destroy a record without authority to do so;
 - (d) fail to create or change a record when properly required to do so;
 - (e) provide false information with the intent that it be included in a record;
 - (f) without authority, copy any part of a record;
 - (g) without authority, connect the personal identification elements of a user's record with any element of that record that concerns the user's condition, treatment or history;
 - (h) gain unauthorized access to a record or record-keeping system, including intercepting information being transmitted from one person, or one part of a record-keeping system, to another;
 - (i) without authority, connect any part of a computer or other electronic system on which records are kept to:
 - i. any other computer or other electronic system; or
 - ii. any terminal or other installation connected to or forming part of any other computer or other electronic system; or
 - (j) without authority, modifies or impairs the operation of:
 - i. any part of the operating system of a computer or other electronic system on which a user's records are kept; or
 - ii. any part of the program used to record, store, retrieve or display information on a computer or other electronic system on which a user's records are kept

4. A violation of this Section constitutes a misdemeanor of the first degree.

§ 26.16. Regulations

The LHPC, in collaboration with the Ministry of Health, shall make regulations for the compliance and enforcement of the provisions of this Chapter.

§ 26.17. Specific requirements pertaining to children's institutions

The following specific requirements shall be observed by every health institution, whether publicly or privately controlled, operated for the express purpose of receiving or for dependent, neglected or destitute children, or juvenile delinquents, except hospitals:

1. Each institution shall have attached to its staff a practicing licensed physician, Physician assistant, or licensed Nurse who shall visit the institution at least once a month. When he/she is appointed, the LHPC shall be notified of the physician's name and address which shall also be kept posted conspicuously within such institution.
2. Upon admission of a child, and before permitting him or her to come into contact with other children, the person in charge of the institution shall make inquiries whether the child is affected with, or a carrier or a recent contact of a communicable disease. If there is reason to suspect that such child may endanger the health of the other children, he or she shall not be permitted to come into contact with them until a practicing licensed physician, Physician assistant, or licensed nurse examines him or her and authorizes his or her release from isolation.
3. Each child shall receive a complete medical examination by the institution's physician prior to admission or within 24 hours of admission. The physician shall furnish to the institution a signed statement containing a summary of the results of the examination, the past medical history, and if a disease or abnormal condition is found, recommendations for isolation or treatment of the child or modification of his or her activities or plans for the health supervision of a handicapped child. Thereafter he/she shall be thoroughly examined by the institution's physician at least once a year if under six years of age, and at least twice between the age of six and twelve years, and within ten days before he is discharged from the institution.
4. When a child presents a health problem, is injured, or becomes ill so as to require medical care, he/she shall be examined and treated by a licensed physician and, if possible, his/her parents or guardian shall be notified immediately. If the necessary medical care or facilities cannot be provided at the institution, the child shall be removed to a hospital or other facility which can provide the proper care.
5. A health inspection of all children at such institutions shall be made daily by a responsible person who is familiar with the children and who is able to recognize signs of ill health; and in the infirmary of the institution there shall be available a schedule of standing orders for the temporary care of ill children in the absence of a physician. Medication, however, shall not be given except by order of a licensed physician.

Chapter 27. PUBLIC AND PRIVATE SCHOOLS

§ 27.1. *Appointment of medical consultant in schools of over fifty students*

§ 27.2. *Compulsory medical examinations*

§ 27.1. Appointment of Health Care Practitioners in schools of over fifty students

All public and private schools, including high schools and colleges, where 50 or more students are received for instructions, shall have a Health Care Practitioner on its staff or establish a link with the nearest health care facility, who shall be in charge of the healthcare services for the students and staff while they are in attendance at school. The Minister shall provide such services in the public schools covered by the provisions of this Section. Where the appointment is made by the school, the Minister shall be notified of the licensed practitioner's name and address. In all cases the name and address of such staff member shall be kept posted conspicuously at the school's premises.

§ 27.2. Compulsory medical examinations

1. Medical examination of *students upon admission*. Immediately prior to admission to a public or private school, including high schools and colleges, each student shall undergo a thorough medical examination by a practicing licensed physician who is assigned with a medical facility, including a tuberculin skin test and x-ray examination of the chest. The examining physician shall furnish to the school a signed statement containing a summary of the results of the examination, the past medical history and, if a disease or abnormal condition is found, recommendations for isolation, exclusion or treatment of the student or modification of his or her activities. A duplicate copy shall be filed by him or her with the Local Authority having jurisdiction. No student shall be admitted to a school unless he/she has received such medical examination within 20 days prior to admission and a statement by the examining physician has been furnished to the school as provided hereunder, except that such medical examination discloses that the student is a case, contact or carrier of communicable disease required to be isolated or excluded, he/she shall not be admitted until he/she presents a certificate of recovery issued by the County Health Administration having jurisdiction, or a written statement of a practicing licensed physician indicating that he/she is free from disease in communicable form and that the required period of isolation or exclusion has been ended.
2. *Annual examinations of students; recovery certificates required for readmission when attendance prohibited*. Each student in a public or private school, including high schools and colleges, shall be given a thorough medical examination, at least once a year after admission, including a tuberculin skin test, by a licensed physician who shall furnish a report thereof to the school as soon as possible thereafter. A duplicate copy shall be filed by such physician with the Local Authority having jurisdiction. Persons in charge of such schools shall not permit a student who is a case, contact or carrier of communicable disease to attend when required to be isolated or excluded. A student who has been a case, contact or carrier of communicable disease shall not be permitted to return to school until he/she presents a certificate of recovery issued by the Local Authority having

jurisdiction or a licensed physician's written statement, indicating that he/she is free from disease in communicable form and that the required period of isolation or exclusion has been ended.

3. Medical examination of *school staff*. A person in charge of a public or private school, including high schools and colleges and a teacher or any other person who regularly associates with students at school, shall not be permitted to work in such schools unless, before he/she begins her or his employment and thereafter at least annually and additionally at such intervals as may be prescribed by the Minister, he/she undergoes a thorough medical examination by a licensed physician, including a tuberculin skin test and has been declared by the examining physician to be healthy and capable of carrying out the responsibilities of her or his position. The examining physician shall furnish a copy of her or his report to the person in charge of the school and file a duplicate copy with the Local Authority having jurisdiction. After having suffered a communicable disease, a person in, charge of a public or private school, including high schools and colleges, a teacher therein or any other person who is in the course of her or his employment associates with students at school, shall not return to work until he/she presents a certificate of recovery issued by the Local Authority having jurisdiction or a licensed physician's statement, indicating that he/she is free from disease in communicable form and that the required period of isolation or exclusion has been ended.

Chapter 28. SUPPLEMENTAL CLASSIFICATION OF PERSONS CONNECTED WITH PUBLIC AND PRIVATE INSTITUTIONS REQUIRED TO UNDERGO COMPULSORY MEDICAL EXAMINATION

§ 28.1. Persons engaged in Governmental and Private Operations

§ 28.2. Persons committed to penal or correctional institutions

§ 28.3. Persons employed in public places

§ 28.1. Persons engaged in Governmental and Private Operations

1. *Employees of Government and Private Sector*. Prior to employment or election, all employees of the Government or private entity shall submit to a thorough medical examination by a licensed physician and such examination shall be conducted at least once a year, including a tuberculin skin test. The examining physician, as soon as practicable, shall furnish a copy of her or his report to the governmental entity employing or qualifying the person examined and file a duplicate copy with the County Health Administration having jurisdiction over such person, and if such person is found to be suffering from a communicable disease requiring isolation or exclusion, he/she shall not be permitted to work and shall not be allowed to return to work until he/she presents a certificate of recovery issued by the Local Authority having jurisdiction or a licensed physician's written statement, indicating that he or she is free from disease in communicable form and that the required period of isolation or exclusion has been ended.

2. *Members of the military and paramilitary status.* Prior to enlistment, and at least once a year, every member of the Military and paramilitary status shall undergo a thorough medical examination by a licensed physician, including a tuberculin skin test. The examining physician, as soon as practicable, shall furnish a copy of her or his report to the commanding officer of the person examined and if such person is found to be suffering from a communicable disease requiring isolation or exclusion, he/she shall be relieved from duty and shall not be allowed to return to duty until he/she presents a certificate of recovery issued by the Local Authority having jurisdiction over her or his case or a licensed physician's written statement, indicating that the examine person is free from disease in communicable form and that the required period of isolation or exclusion has been ended.

§ 28.2. Persons committed to penal or correctional institutions

As soon as practicable after admission, a person committed to a penal or correctional institution shall be given a thorough medical examination by a licensed physician. The examining physician shall furnish a copy of his or her report to the authority in charge of the institution and in addition to proper account being taken of any medical deficiencies found, If such person is found to be suffering from a communicable disease requiring isolation, provisions shall be made within the institution or some suitable place elsewhere for such isolation until such person is free from such disease in communicable form or until the required period of isolation has been ended.

§ 28.3. Persons employed in public places

All persons employed in public places such as waiters or waitresses in restaurants, hotel employees, particularly those involved in the capacity of room servants, shall submit to a thorough medical examination by a licensed physician at least once a year, including a tuberculin skin test. The examining physician, as soon as practicable, shall furnish a copy of her or his report to the employer of the person examined and file a duplicate copy with the County Health Administration having jurisdiction over such person, and if such person is found to be suffering from a communicable disease requiring isolation or exclusion, he/she shall not be permitted to work and shall not be allowed to return to work until he/she presents a certificate of recovery by the Local Authority having jurisdiction or a licensed physician's written statement, indicating that he/she is free from disease in communicable form and that the required period of isolation or exclusion has been ended.

***Chapter 29.* ADMINISTRATION OF COMPULSORY MEDICAL EXAMINATION**

§ 29.1. Persons entitled to examinations free of charge; Minister to designate physicians for such duty

§ 29.2. Government hospitals to furnish examinations to persons exempted from payment

§ 29.3. Penalty for issuance of false certificates

§ 29.4. Penalty for failure to have medical examination

§ 29.1. Persons entitled to examinations free of charge; Minister to designate physicians for such duty

1. The Minister shall appoint licensed physicians in various localities who shall aid in carrying out the provisions of this chapter. Their continued engagement in private practice is not a bar to, and shall not be deemed to be in conflict with their appointment. Their compensation for such aid shall be fixed by annual budgetary appropriation. It is a part of the examination duty provided for in this title to examine school children in primary and below primary, members of the Military and paramilitary, and indigents free of charge.
2. An indigent person is a person who, at the time of examination, earns less than one hundred United States Dollars or its Liberian dollar equivalent per month, or a person would be unable to pay the required fee without prejudicing his/her financial ability to provide economic necessities for himself or his family.

§ 29.2. Government hospitals to furnish examinations to persons exempted from payment

Government hospitals shall furnish all compulsory medical examinations provided for in this title free of charge to school children below tertiary, members of the Military and paramilitary and, indigents.

§ 29.3. Penalty for issuance of false certificates

Any licensed physician or medical officer attached to a County Health Administration who for any reason knowingly issues a certificate or written statement stating falsely that a person examined by him or her is free from disease in communicable form or that the required period of isolation or exclusion has ended, shall be subjected to disciplinary actions as determined by his or her professional board or the LHPC. Such disciplinary action shall not bar any criminal prosecution arising from the practitioner's conduct in keeping with Chapter 12, Subchapter B of the Penal Law of Liberia (Perjury and Other Falsification in Official Matters).

§ 29.4. Penalty for failure to have medical examination

Any person 18 years of age or older refusing or neglecting to submit to a compulsory medical examination, or to procure a certificate or statement of freedom from communicable disease or certification that the required period of isolation or exclusion has ended, as required by the provisions contained in this title providing for compulsory medical examinations, and any parent or guardian of a child under 18 years of age who refuses or neglects to have such child submit to such a medical examination or to procure a certificate or statement as so required shall be denied the admission, employment, or qualification sought.

PART V

REGULATION OF DRUGS

Chapter 30. CONTROL OF NARCOTIC DRUGS

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Subchapter A. General Provisions

§ 30.1. Definitions

The following words and phrases, as used in this chapter, shall have the following meanings, unless the context otherwise requires:

1. **"Cannabis"** (commonly known as "marijuana") includes all parts of the plant *Cannabis Sativa L.*, whether growing or not, the seeds thereof, the resin extracted from any part of such plant, and every compound, manufacture, salt, derivative, mixture or preparation of such plant, its seeds or resin; but shall not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination.
2. **"Coca leaves"** includes cocaine and any compound, manufacture, salt, derivative, mixture or preparation of coca leaves, except derivatives of coca leaves which do not contain cocaine, ecgonine, or substances from which cocaine or ecgonine may be synthesized or made.
3. **"Convention"** means the Single Convention on Narcotic Drugs of 1961.
4. **"Liberia Central Medical Store (LCMS)"** the agency of the Ministry which imports, exports, stores, distributes and sells at wholesale narcotic and nonnarcotic drugs imported or manufactured in Liberia.
5. **"Manufacture"** to produce a narcotic drug either directly or indirectly by extraction from substances of vegetable origin, or by means of chemical synthesis or by a combination of extraction and chemical synthesis; but this term does not include compounding or dispensing by a pharmacist.
6. **"Narcotic addict"** a person who habitually and compulsively uses narcotic drugs that he/she loses his/her power of self-control and is thereby a danger to himself/herself and to the public.
7. **"Narcotics addiction"** habitual and compulsive use of a narcotic drug.
8. **"Narcotic drugs"** means any substance subject to control according to the Single Narcotic Drugs Conventions, 1961, adopted by the United Nations and ratified by the Republic of Liberia. This shall also include any substance categorized by the Liberia Medicines and Health Products Regulatory Authority (LMHRA).
9. **"Opium"** includes morphine, codeine, and heroin, and any compound, manufacture, salt, derivative, mixture or preparation of opium, including apomorphine or any of its salts.
10. **"Pharmacist"** a person licensed as a pharmacist under the laws of Liberia.

11. **"Prescription"** the written order for narcotic drugs made by a Physician, dentist, or veterinarian.
12. **"Sell"** includes a transfer or offer to transfer for value or promised value; an exchange or any transaction that would denote a purchase has occurred whether or not cash is involved.

§ 30.2. Liberia Central Medical Store Established

A Liberia Central Medical Store (LCMS) is hereby established under the Ministry of Health. The LCMS shall be the agent of the Ministry which shall import, export, store, distribute and sell at wholesale narcotic and nonnarcotic drugs whether imported or manufactured in Liberia

§ 30.3. Preparations exempted from application of chapter

1. *Drugs containing small percentage of narcotics.* Except as otherwise specifically provided, this chapter shall not apply to the following narcotic drugs:
 - (a) Any drug otherwise subject to this chapter as narcotic drug which, the Liberia Medicine and Health Products Regulatory Authority determines, after reasonable notice and opportunity for hearing, because of small percentage of narcotics contained therein, not to be dangerous to the public health, or promotive of addiction forming or addiction-sustaining results upon the users, or harmful to the public health, safety or morals, and by order so proclaims.
 - (b) The concentration of any such medicinal preparation as contained in Subsection (1)(a) above shall be determined by standards as set by the Liberia Medicine and Health Products Regulatory Authority (LMHRA).
2. *Exemptions dependent on conditions.* The exemptions authorized by this Section are subject to the following conditions:
 - (a) That the medicinal preparation imported, exported, manufactured, dispensed, administered, distributed or sold, contains, in addition to the narcotic drug in it, some drug or drugs conferring upon it medicinal qualities other than those possessed by the narcotic drug alone; and
 - (b) That the preparation is imported, exported, and manufactured, dispensed, administered, distributed or sold in good faith as a medicine and not for the purpose of evading the provisions of this chapter, or any other applicable laws.
3. *No limitation on quantity of codeine under prescription.* Nothing in this Section shall limit the quantity of codeine or of any of its salts and other drugs of its nature that may be prescribed, administered, dispensed, distributed or sold, to any person or for the use of any person or animal when it is prescribed, administered, dispensed, distributed or sold in compliance with the general provisions of this chapter or in compliance with the Liberia Medicine and Health Products Regulatory Authority Act and regulations thereunder.

Subchapter B. Conduct in Relation to Narcotic Drugs Regulated

§ 30.4. Retailers and other dispensers require permits

It shall be unlawful for any person or institution to sell any narcotic drug at retail or to dispense or to administer any narcotic drug unless such person or institution, in accordance with the provisions of the Liberia Medicine and Health Products Regulatory Authority Act, holds a currently effective permit to do so.

§ 30.5. Non-government importer permits; certificate requirement for each importation

1. *Eligibility.* The following may, pursuant to the provisions of Part V of the Liberia Medicine and Health Products Regulatory Authority Act and regulations thereunder, apply for a permit to import narcotic drugs:
 - (a) Persons to whom LMHRA permits have been issued to sell non-narcotic drugs and medical preparations at wholesale and who are supervised by a pharmacist at all times when wholesale drug operations are being carried on;
 - (b) A hospital which has been issued an LMHRA permit to dispense and administer narcotic drugs and is supervised by a pharmacist at all times when the dispensary is in operation.
2. *Certificate to be obtained for each importation.* Each importation under the permit granted hereunder shall be limited to the items specified in the certificate to be issued by the LMHRA after application made by the permittee, which shall take into account the findings with respect to quotas made pursuant to the provisions of Part V of the Liberia Medicine and Health Products Regulatory Authority Act and related LMHRA regulations.
3. *Security measures.* Narcotic drugs imported under an importer's permit granted hereunder shall be securely stored and kept separate and apart from non-narcotic substances in accordance with this provision and any other laws or regulations applicable thereto.
4. *Wholesale and retail dealings.* Wholesale importers shall not engage in dealing at retail in the narcotic drugs imported under permits granted hereunder unless the retail establishment is separate and distinct from the wholesale establishment and a separate narcotic drug permit has been obtained therefor.
5. *Limitation on hospital importers.* Hospital importers hereunder shall not engage in dealing either at wholesale or at retail in narcotic drugs imported under permits granted hereunder and the use thereof shall be restricted to dispensing them to patients registered for treatment at such hospitals upon orders of staff physicians.

§ 30.6. Importation Procedures

1. *Liberia Central Medical Store (LCMS) and non-government permittees legitimate importers.* Narcotic drugs may be imported into Liberia by the LCMS in compliance with the regulations made by the Liberia Medicine and Health Products Regulatory Authority.

Any person not acting as an agent for Liberia Central Medical Store or such an import permittee who imports into Liberia any narcotic drugs shall be penalized as provided for under Chapter 15, Subchapter E of the Penal Code, Title 26 Liberia Code of Laws Revised, or Drug Enforcement Agency Act. Narcotic drugs brought into Liberia for shipment in transit to another country or placed on vessels of Liberian registry for that purpose shall be deemed to be imported within the application of this Section.

2. *Amount of imports permissible.* Imports by the Liberia Central Medical Store (LCMS) of any narcotic drugs and by those holding import permits shall be limited to such amount as the Liberia Medicine and Health Products Regulatory Authority finds to be necessary to provide for the medical and other legitimate requirements of Liberia. In computing such amount the quantity of drugs manufactured in Liberia, if any, shall be taken into account.
3. *Document to accompany imports.* Consignments of narcotic drugs imported into Liberia which are not accompanied by an export authorization issued by the exporting country shall be detained by customs authorities until a valid export authorization is produced, or if none is produced within 10 days after commencement of the detention, they shall be confiscated by the authorized authority.
4. *Penalty.* Any person not acting as an agent for the Liberia Central Medical Store or a holder of an LMHRA import permit who imports any narcotic drug into Liberia or receives, conceals, buys, sells, or in any way facilitates the transportation, concealment or sale of any narcotic drug after being imported into Liberia contrary to law, shall be penalized as provided for under the DEA Act or Chapter 15, Subchapter E of the Penal Code, Title 26 Liberia Code of Laws Revised, or both.

§ 30.7. Export procedures

1. Only persons accredited by the Liberia Medicine and Health Products Regulatory Authority shall be permitted to export narcotic drugs out of Liberia.
2. *Limitations on exports.* Such permitted persons under Subsection (1) above shall not export or cause to be exported from Liberia any narcotic drug to any other country unless:
 - (a) Such country has instituted and maintains a system which it deems adequate for the control of imports of narcotic drugs;
 - (b) There is produced by the prospective importer to the Liberia Medicine and Health Products Regulatory Authority an authorization, permit or license issued by the competent authority of the importing country and certifying that the importation of the drugs or drug referred to therein is approved;
 - (c) There is furnished to the Liberia Medicine and Health Products Regulatory Authority proof that the narcotic drug is to be applied exclusively to medical or scientific uses within the country to which exported, that it will not be re-exported from such country and that there is an actual need for the narcotic drug for medical and scientific uses within such country; and
 - (d) Exports of the drug concerned to the importing country are not prohibited for the then current year under the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 United Nations' Protocol, because the importing country has

exceeded or, considering the amount to be imported, will exceed the total of its estimates under Article 19, Section 2 of that Convention or its succeeding clause.

3. *Export authorizations.* The Liberia Medicine and Health Products Regulatory Authority shall issue an export authorization to accompany every shipment of narcotic drugs exported from Liberia. Such export authorization shall state the name of the drug, the international non-proprietary name if any, the quantity exported, the name and address of the consignee, the foreign port of entry, the port of exportation, the period within which exportation is to be effected, and the number and date of the import permit issued by the importing country. A copy of the export authorization shall accompany each consignment, and the Liberia Medicine and Health Products Regulatory Authority shall send a copy to the Government of the importing country.
4. *Penalty.* Any person who illegally exports any narcotic drug from Liberia, shall be penalized as provided for under the Liberia Drug Enforcement Agency (DEA) or as provided under Chapter 15, Subchapter E of the Penal Code, Liberia Code of Laws Revised, or both.

§ 30.8. Importation or exportation by mail prohibited

Narcotic drugs shall not be imported nor exported by mail or parcel post.

§ 30.9. Narcotic drugs in transit through Liberia

1. *Export authorization required.* Common carrier entering Liberia shall declare to the customs authorities any consignments of narcotic drugs which are being transported on board such carrier through the territory of Liberia to another country. No consignment of narcotic drugs shall be allowed to pass through the territory of Liberia, whether or not the consignment is removed from the conveyance in which it is carried, unless a copy of the export authorization issued by the exporting country for such consignment is produced for examination by the customs authority or any authorized authority. The provisions of this Section shall not apply to consignments transported by aircraft which fly over the territory of Liberia without landing.
2. *Diversion to be prevented.* Shipments of narcotic drugs through Liberia to a country other than designated in the export authorization shall be detained until, authorization for such diversion is obtained from the exporting country or until directions or their disposal can be received from the consignors. If no such authorization or directions are received within 10 days after commencement of the detention, the drugs shall be confiscated by the authorized authority.
3. *Requirement of informing carrier of shipment of narcotic drugs.* Any person who ships narcotic drugs by a common carrier through Liberia to another country without informing the carrier that narcotic drugs compose all or part of the shipment shall be guilty of a felony in the second degree. Failure to produce a statement signed by a duly authorized agent of such carrier acknowledging receipt of the shipment and that it contains narcotic drugs, shall be presumptive evidence of a violation of this Section.

§ 30.10. Manufacturing permits; quotas

1. *Permit and quota requirements.* It shall be unlawful for any person to manufacture any narcotic drug unless:
 - (a) Such person holds a currently effective permit authorizing him to manufacture such drug, and
 - (b) The drug manufactured is within the quota with respect to such drug, issued pursuant to the provisions of Subsection (3).
2. *Fixing of national quotas.* The purpose of fixing manufacturing quotas under this Section and in order to carry out the obligations of Liberia under the Convention, the Liberia Medicine and Health Products Regulatory Authority shall make determinations of the total quantity of each basic class of narcotic drug necessary to be manufactured during each calendar year to provide the estimated medical and scientific needs of Liberia, for lawful export requirements, and for establishment and maintenance of reserve livestock. For the purpose of this Section, the Liberia Medicine and Health Products Regulatory Authority shall adopt the categories of basic drugs established by the World Health Organization or its successor in function.
3. *Fixing of individual quota.* On or before June 1 of each year, upon application therefor by a person having a permit to manufacture a basic class of narcotic drugs for the current calendar year, the Liberia Medicine and Health Products Regulatory Authority shall fix a manufacturing quota for such calendar year for such basic, class of narcotic drug for such person. In fixing the individual manufacturing quotas for basic class of narcotic drug for a calendar year pursuant to this Section, or at any time after fixing such individual quotas, the LMHRA shall limit or reduce such individual quotas to the extent necessary to prevent the aggregate of such individual quotas from exceeding the amount of the determination of the LMHRA under Subsection (2). In any such limitation or reduction pursuant to this Section, the quota of each manufacturer holding a permit for the manufacture of such basic class of narcotic drug shall be limited or reduced in the same proportion as the limitation or reduction of the aggregate of such quotas. However, if any permittee, before the issuance of a limitation or reduction in quota, has manufactured in excess of his quotas so limited or reduced, the amount of such excess shall be subtracted from such permittee's manufacturing quota for the following year.
4. *Increase in quota.* At any time during the calendar year any manufacturer who has applied for or received a manufacturing quota for a basic class of narcotic drug may apply for an increase in such quota, to meet his estimated disposal, inventory, and other requirements during the remainder of such calendar year.
5. *Exception from applicability of permit and quota provisions.* Notwithstanding any other provisions of this Section:
 - (a) No permit or quota shall be required for the manufacture of such quantities of narcotic drugs as incidentally but necessarily result from the manufacturing process used for the manufacture of a basic class of narcotic drug duly authorized under this Section; and

- (b) No permit or quota shall be required for the manufacture of such quantities of narcotic drugs as incidentally but necessarily result from the manufacture of any substance which is in a narcotic drug. Unless such incidentally but necessarily resulting narcotic drug shall have been determined to be non-addicting by the Liberia Medicine and Health Products Regulatory Authority, it may, apart from being used in the process or producing a narcotic drug for which a permit and quota are held, be retained or disposed of only in such manner as may be prescribed or authorized by the LMHRA.
- 6. *Limitation on sales by manufacturer.* It shall be unlawful for a manufacturer to sell the narcotic drugs manufactured by him to any purchaser other than the persons authorized by the Liberia Medicine and Health Products Regulatory Authority.
- 7. *Penalty for violation of manufacturing provisions.* A person who manufactures narcotic drugs in violation of this Section shall be penalized as provided for under Part VIII of the Liberia Medicine and Health Products Regulatory Authority Act or as provided under Chapter 15, Subchapter E of the Penal Code, Liberia Code of Laws Revised, or both.

§ 30.11. Restrictions on sales at wholesale

- 1. *Authorized vendors of narcotic drugs without prescription.* Except as expressly permitted by this Chapter, no persons other than wholesalers holding Liberia Medicine and Health Products Regulatory Authority (LMHRA) import permits and no agency of the Government, except those authorized by the LMHRA, shall sell narcotic drugs without prescriptions therefor.
- 2. *To whom sales may be made.* Except for sales of narcotic drugs for export by the Liberia Central Medical Store (LCMS), the said LCMS and wholesalers holding permits may sell narcotic drugs only to one of the following:
 - (a) A wholesaler to whom a permit has been issued to import narcotic drugs under the provisions of Section 30.6;
 - (b) A manufacturer to whom a permit has been issued to manufacture drugs under the provisions of Section 30.10;
 - (c) A person in charge of a pharmacy which has been issued a permit to sell narcotic drugs under the provisions of Section 30.12;
 - (d) A physician, dentist, or veterinarian who has been issued a permit to dispense and administer narcotic drugs under the provisions of Section 30.13;
 - (e) A person in charge of a hospital which has been issued a permit to dispense and administer narcotic drugs under the provisions of Section 30.4, but only for use in that hospital for medical purposes;
 - (f) A holder of permit under the provisions of Section 30.5;
 - (g) A person in charge of a laboratory which has been issued a permit to administer narcotic drugs under the provisions of Section 30.14, but only for use in that laboratory for scientific and medical purposes.

3. *Requirement for written orders; preservation.* A sale by any LMHRA authorized government entity shall be made only on written order of the head of such entity or by his or her duly authorized agent. A sale by a wholesaler holding an import permit may be made only on written order of the pharmacist supervising such permittee's narcotic drug operation. Such written order shall be signed in duplicate by the person giving it. The original shall be presented to the person who purchases the narcotic drug named therein, and the duplicate shall be retained in the files of the LMHRA, or of the wholesaler, as the case may be. Each party to the transaction shall preserve the copy of such order for a period of two years in such way as to be readily accessible for inspection by any public officer or employee engaged in the enforcement of the provisions of this chapter.
4. *Limitation on use of drugs obtained under this Section.* Any person to whom drugs are sold under the provisions of this Section shall not prescribe, administer nor dispense such drugs except within the scope of his or her employment or official duty or in the course of his or her professional practice. Such prescription, administration or dispensing shall be for only scientific or medicinal purposes and shall be made subject to the provisions of this chapter.

§ 30.12. Sales by pharmacists

1. *Prescriptions.* A pharmacist, in good faith, may sell and dispense narcotic drugs to any person upon a written prescription of a Physician, dentist, or veterinarian. Such prescription shall be dated and signed by the person prescribing on the day when issued and shall bear the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name and address of the person prescribing. If the prescription is for an animal, it shall state the species of the animal for which the drug is prescribed. The pharmacist filling the prescription shall give it a serial number and shall indicate such serial number on the prescription and shall write the date of filling and his own signature on the face of the prescription. The prescription shall be retained on file by the proprietor of the Pharmacy in which it is filled for a period of two years, so as to be readily accessible for inspection by any public officer or employee engaged in the enforcement of the provisions of this chapter. The prescription shall not be refilled.
2. *Sale on discontinuance of business.* The legal owner of any stock of narcotic drugs in a pharmacy, upon discontinuance of dealing in such drugs, may sell his livestock only upon the approval of the LMHRA. Any sale to the contrary is unlawful.

§ 30.13. Dispensing in hospitals

Dispensing of narcotic drugs by dispensaries maintained by hospitals granted permits to do so is limited to patients registered for treatment at such hospitals but only on an order of a staff physician. Sales to such patients shall not be deemed to be sales at retail.

§ 30.14. Professional use and dispensing of narcotic drugs

1. *By physicians and dentists.* A physician or dentist, in good faith and in the course of his/her professional practice only, may prescribe, administer, and dispense narcotic drugs, and he

or she may cause them to be administered by a nurse or intern under his or her direction and supervision.

2. *By veterinarians.* A veterinarian, in good faith and in the course of his professional practice only, and not for use by a human being, may prescribe, administer, and dispense narcotic drugs; and he or she may cause them to be administered by an assistant under his direction and supervision.
3. *Return of unused drugs.* Any person who has obtained from a physician, dentist, or veterinarian any narcotic drug for administration to a patient during the absence of such physician, dentist, or veterinarian, shall return to him any unused portion of such drug, when it is no longer required by the patient.
4. Sales of narcotic drugs, at retail by physicians, dentists and veterinarians to patients or other person are prohibited.

§ 30.15. Conflict of Chapter with the LMHRA Act

The provisions of this chapter shall complement the LMHRA Act and shall in no way abrogate any provisions thereof. In the event that provisions of this Chapter shall become inconsistent with the LMHRA Act regarding the regulation and control of drugs, the LMHRA Act, with respect to the inconsistency, shall prevail.

Subchapter C. Treatment of Narcotic Addicts

§ 30.16. Civil commitment of narcotic addicts

1. *Petition for commitment.* Any person, including any local health officer, who believes that another person is addicted, or any person who believes himself to be addicted, to the use of narcotics may petition the Circuit Court of the county in which the person sought to be committed or who seeks to have himself committed resides for an order committing such person for medical and psychiatric treatment. The petition shall contain a statement of the facts for which the commitment is sought. A petitioner who knowingly furnishes any false statement of fact in his petition shall be guilty of a misdemeanor and upon conviction shall be fined in accordance with applicable regulations or imprisoned for not more than six months or both.
2. *Order for examination by physician.* If the court is satisfied on the basis of the petition and, in the discretion of the court, after oral examination of the petitioner, that there is reasonable probability that the person sought to be committed or who seeks to have himself committed is in fact addicted to narcotics, the court shall order him to be examined by a physician to be appointed by the court. Unless the petition had been made by a person seeking to have himself committed, a copy of the petition and order of examination shall be personally served on the alleged addict ten days before the time of examination fixed by the court.
3. *Action by court on basis of physician's report; notice of hearing.* The report of the examination by the physician shall be delivered to the court and if the report is to the effect that the person sought to be committed is not addicted to the use of narcotic drugs, the

court shall order the petition dismissed. If the report is to the effect that a person seeking to have himself committed is addicted to narcotics, the court shall commit him to the place of treatment forthwith. If the report is that a person sought to be committed is addicted to narcotics, the court shall set a time for a hearing not more than three days after such order notice thereof to be personally served on the petitioner, on the person sought to be committed, and, in its discretion, on the husband or wife, father or mother, or next of kin of such person.

4. *Hearing.* The person sought to be committed may waive the hearing by a statement of waiver in open court. If the hearing is not waived, the court may issue subpoenas for attendance of witnesses at the hearing, and the person sought to be committed shall have the right to have subpoenas issued for the purpose. At the hearing the person shall have the right to be represented by a counsel, to present witnesses on his behalf, and to cross-examine witnesses. If he/she is unable financially to employ counsel, the court shall, if requested, appoint counsel for him/her.
5. *Determination by the court; commitment.* If from the facts ascertained upon the hearing and the petition and the report of the court appointed physician, the court determines that the person sought to be committed is not a narcotic addict, the petition shall be denied; if the court finds that the person is a narcotic addict, the court shall grant an order certifying such person to any Government hospital or such other treatment facility for narcotic addicts as may be established by the Minister, to be admitted therein until he/she is discharged under the provisions of Section 30.20. The petition, report of the examining physician, the decision of the court and the order of certification shall be presented at the time of admission of the addict to the director in charge of the place of treatment to which the addict is committed.
6. *Withdrawal treatment.* On entering the place of treatment, the addict shall be provided with such medical aid as is necessary to ease the symptoms of withdrawal from use of the narcotic.

§ 30.17. Determination of court not a conviction

The determination made by the court under Section 30.16 that a person is a narcotic addict shall not be deemed a conviction, nor shall such person be denominated as a criminal by reason of such determination. Whether, a person has used narcotics in excess of medical need remains a proper subject for questioning on cross-examination as bearing on the person's credibility.

§ 30.18. Treatment of narcotics addict on commitment

The purpose of treatment by the Government of a committed narcotic addict is hereby declared to be to secure his/her complete physical withdrawal from reliance on narcotics, and to provide him with such psychiatric supervision, medical aid, educational facilities, and vocational training as will tend to effect his/her rehabilitation and restore him/her as a normal and effective member of society. It is the duty of the Minister and his designates to see that the regimen in the place of treatment and the training and attitude of personnel are shaped to achieve such purpose.

§ 30.19. Discharge to outpatient status; return to treatment

At any time after an initial period of treatment of one year, but in any event in not more than three years after commitment, whenever a person committed for treatment under Section 30.16 has recovered from his addiction to such an extent that in the opinion of the Minister, based on recommendation of the director of the place of treatment, discharge to an outpatient status is warranted, such person shall be by order of the Minister discharged to such status. The discharge shall be subject to such conditions as may be imposed by the Minister to prevent the discharged person from resuming the use of narcotics and subject to being recommitted to patient status on violation of such conditions. The supervision of such persons on an outpatient status shall be administered by special outpatient counselors employed in the Ministry. The conditions of discharge shall include periodical reports to such aftercare facility as may be established by the Minister, and the receiving of home visits from the outpatient counselors. It shall be stipulated as a condition of discharge to outpatient status that from time to time the former addict shall be subject to surprise testing by administration of an anti-narcotic drug to discover whether he has/she been using narcotics. If from reports of the outpatient counselor or other information, including reports of law enforcement officers as to the conduct of the former addict, it appears to the Minister that the best interests of such person and of society will be served by a return to inpatient status, the Minister shall, after opportunity for a hearing has been afforded the discharged addict, order a re-commitment. It shall be the duty of any peace officer to assist any representative of the Ministry or of inpatient facility to which such addict is to be recommitted to take him into custody upon a request of such representatives. An order of commitment shall be subject to review by the courts as in the case of other administrations.

§ 30.20. Length of treatment on civil commitment

In no event shall the time spent in a place of treatment before a first discharge to outpatient status by a narcotic addict who has been civilly committed under this chapter exceed three years; and in no event shall the time spent by such addict under a single court order of commitment under both inpatient treatment and aftercare supervision as an outpatient exceed a total of seven years.

§ 30.21. Commitment of narcotic addict who is criminal offender

1. *Proceedings to determine addiction; withdrawal.* Every defendant under arrest or in custody on a criminal charge who, either before or after conviction, states or shows symptoms that he/she is a narcotic addict, shall be given a medical examination by a physician appointed by the court with all reasonable speed after such statement or after such symptoms are observed. The right to bail of a defendant required to have a medical examination shall be held inviolate during the course of the examination if the crime with which he/or she is charged is bailable. If the examining physician reports that the defendant is a narcotic addict, he or she shall be given, while in custody or committal, as the case may be, such medical aid as is necessary to ease any symptoms of withdrawal from the use of narcotics. Any criminal proceedings requiring the participation of the defendant shall be delayed pending the termination of the medical examination, diagnosis, and withdrawal period, if such is medically required.

2. *Commitment for treatment.* If the defendant is diagnosed to be a narcotic addict, the examining physician shall promptly transmit findings in support of the fact in a certified report to the court before which the charge against the defendant is pending. After the examination and the withdrawal period have been completed, the criminal proceedings against the defendant may proceed. If the defendant is convicted and sentenced to imprisonment, he/she shall be committed for treatment to any Government hospital or other treatment facility established by the Minister for treatment of narcotic addicts. His/her treatment there shall be the same as that of narcotic addicts who have been civilly committed under Section 30.16, except that an addict under criminal sentence may be confined under maximum or medium security arrangements, if he/she would be so confined on commitment to a prison. An addict committed for treatment under this Section shall remain in the place of treatment for the same period as an addict civilly committed. The period during which an addict is under inpatient treatment in accordance with the provisions of this Section shall be credited to any prison sentence which has been imposed on him/her.
3. *Disposition of defendant on completion of inpatient treatment.* The time during which a defendant who is a narcotic addict undergoes inpatient treatment shall be determined in the same manner as in the case of civilly committed addicts. On the termination of inpatient treatment, the addict under criminal sentence shall be delivered over to the Division of Correction to be confined in prison for any part of the prison sentence after deduction of the period spent in the treatment facility. If the period of treatment has exceeded the prison sentence in length, the criminal sentence shall be dismissed on termination of his/her inpatient status, but he/she shall be subject to the provisions of Section 30.19 relating to aftercare, as in the case of an addict civilly committed. If the defendant is returned to prison to serve the remainder of a prison sentence, he shall be subject on release from prison to the provisions of Section 30.19, relating to aftercare of narcotic addicts, which shall supersede, in his or her case, the provisions of the Criminal Procedure Law relating to parole.
4. *Addict under suspended sentence or on probation.* A defendant who is found under the provisions of Subsection (1) of this Section to be a narcotic addict and who upon conviction is placed on suspended sentence or who is placed on probation or sentenced to pay a fine, shall be civilly committed to a Government hospital or other facility for treatment in accordance with the provisions of Section 30.16, and shall be discharged to aftercare subject to the provisions of Sections 30.19. The full period during, which an addict is under inpatient care and outpatient status, shall be credited to any sentence of probation or suspended sentence which has been imposed on him in criminal proceedings.
5. *Addict who is acquitted.* A defendant who has been diagnosed under the provisions of Subsection (1) to be a narcotic addict but who is acquitted of the criminal charge against him/her or has received a dismissal of the criminal charges against him/her, shall be civilly committed for treatment under the provisions of Section 30.16.

Subchapter D. Administration

§ 30.22. Appointment of a Focal Person in the Pharmacy Division

1. The Minister shall appoint a focal person, who shall be a Liberian Pharmacist in control of narcotic in the Pharmacy Division. The Minister shall designate from among his/her staff a special assistant in charge of the narcotics control unit whose responsibility it shall be, under the direction of the Minister, to administer and enforce the provisions of this chapter.
2. *Personnel.* The Ministry may employ in the narcotics control unit such assistants, consultant, and personnel qualified by education, to carry out the provisions of this chapter. The Ministry may designate employees in the narcotics control unit to act as aftercare counselors whose duty it shall be under the provisions of this chapter to visit and supervise narcotic addicts of outpatient status, return any addict from aftercare supervision to inpatient treatment, deliver to or receive from court custody any addict when this becomes necessary, and in all other respects carry out the provisions of this chapter with regard to treatment of addicts.

§ 30.23. Powers and duties of Minister with regard to narcotics control and addict treatment

It shall be the duty of the Minister who shall have the power to:

1. Survey and analyze the needs of Liberia and formulate a comprehensive plan for the short and long range development, through the utilization of national, local and private sources, of adequate facilities for the prevention and control of narcotic addiction and the diagnosis, treatment and rehabilitation of narcotic addicts, and from time to time revise such plan.
2. Arrange for, in collaboration with LMHRA, the collection of statistics relating to the quantity of narcotic drugs imported and exported, manufactured, consumed, seized and destroyed during each year;
3. In collaboration with the LMHRA, furnish annual estimates of the needs of Liberia for narcotic drugs to the International Narcotics Control Board in conformity with the obligations of Liberia under the Convention and see that Liberia adheres to those estimates as nearly as possible;
4. Cooperate closely with other countries and with the International Narcotics Control Board in maintaining a coordinated campaign against illicit traffic;
5. Cooperate with the Ministry of Justice, the Liberian National Police, the Drug Enforcement Agency, and all relevant Government agencies in suppressing illicit traffic in narcotics within Liberia;
6. Provide education and training in prevention, diagnosis, treatment, rehabilitation and control of narcotic addiction for medical students, physician, nurses, social workers and others with responsibility for narcotic addicts;

7. Provide education on the nature and consequences of narcotic addiction and on the potentialities of prevention and rehabilitation in order to promote public understanding, interest and support;
8. Gather information and maintain statistical and other records relating to the number and identification of narcotic addicts;
9. Establish special facilities for treatment, training and rehabilitation of narcotic addicts;
10. Make rules and regulations and do all other things necessary to enforce the provisions of this chapter.

§ 30.24. Special hospital facilities for narcotic addicts

The Minister shall establish in Government hospitals one or more wings or wards or establish separate hospitals, which shall be reserved exclusively for the care, treatment, cure and rehabilitation of persons addicted to the use of narcotic drugs who are committed under Sections 30.16 and 30.21.

Subchapter E. Enforcement

§ 30.25. Seizure and Disposition of Seized Narcotic Drugs & Records

1. *Seizure and Time and Manner of Destruction.* Narcotic drugs unlawfully possessed under the provisions of the LMHRA Act of 2010, this chapter, and other related laws of the Republic, may be seized by any police officer or enforcement officer of the narcotics control unit of the LMHRA or other law enforcement officers in conformity with the provisions of the Criminal Procedure Law governing searches and seizures. The narcotic drugs seized shall be handed over to the prosecuting attorney of the county, territory, or district in which the seizure occurred on his or her giving a receipt to the officer who made the seizure. The drugs shall be safely kept so long as necessary for the purpose of being produced as evidence at any criminal trial in which they are involved. As soon as may be thereafter, or, if the case has been disposed of by dismissal or otherwise than by continuing the prosecution, at the expiration of six months from the time of seizure, the drugs, if previously unclaimed on a motion for return of property by a person who is legally entitled to its possession, shall be forfeited and disposed of as follows; provided, however, that cannabis, heroin, or smoking opium shall, to the extent of their illegality, be destroyed as soon as possible after its usefulness as evidence is terminated and shall in no case be returned to any person formerly in possession or claiming ownership:
 - (a) Except as in this Section otherwise provided, the court having jurisdiction of the criminal prosecution in connection with which the narcotic drugs were seized shall order them forfeited and destroyed. Cannabis, heroin, or smoking opium shall, to the extent of their illegality, be destroyed in the presence of the magistrate, justice of the peace, or judge who issued the search warrant under which it was seized and in the presence of a representative of the Ministry of Justice, a representative of the Ministry of Health, and a representative of the LMHRA.

- (b) Upon written application by the Minister or the Director of the LMHRA, the court by whom the forfeiture of narcotic drugs has been ordered, may order the delivery of some or all of such narcotic drug, except cannabis, heroin, or smoking opium, to a hospital which has applied for it and which needs it for medicinal uses.
2. *Record of destruction in particular Case.* A record of the place where narcotic drugs were seized, of the kinds and quantities of drugs destroyed, and of the time, place and manner of destruction shall be kept, and a return under oath, reporting such destruction, shall be made to the Minister, the Director of the LMHRA and to the court or to any magistrate or justice of the peace having jurisdiction of the case unless the drug was destroyed in the presence of the court.
3. *Records of seizures and destruction in Liberia.* The Director of the LMHRA, shall, keep a full and complete record of all narcotic drugs seized and all narcotic drugs destroyed, showing the exact kinds, quantities and forms of such drugs, the persons from whom they were received and to whom delivered; by whose authority received, delivered, and destroyed; and the dates of the receipt, disposal, or destruction. It shall be the duty of the Director of the LMHRA to promptly submit copies of such records to the Minister of Health.

§ 30.26. Inspection of records and stocks of drugs

Prescriptions, orders and records required by this chapter and stock of narcotic drugs shall be open for inspection to officials whose duty it is to enforce the laws of Liberia relating to narcotic drugs. No officer having knowledge by virtue of his or her office of any such prescription, order or record shall divulge such knowledge, except in connection with a prosecution or proceeding in court or at an administrative proceeding to which prosecution or preceding the person to whom such prescription, order or record relates is a party.

§ 30.27. Permits; applications; issuance; renewals; Revocation or suspension

1. *Application; qualifications.* Application for a permit required under this chapter shall be made under oath and in accordance with the LMHRA Act and regulations. Notwithstanding, no permit shall be issued unless the applicant furnishes satisfactory proof:
 - (a) that the applicant possesses the land, buildings, and other paraphernalia necessary to carry on the business described in the application;
 - (b) that the applicant's has past experience in the business or profession described in the application, has the technical competence to ensure that the proposed establishment is safeguarded against diversion of narcotic drugs into other than legitimate medical and scientific channels and lawful undertakings; and
 - (c) that such other factors are present as may be relevant to, and consistent with the public interest.
2. No permit shall be granted to any person who has, within the last five years prior to application, been convicted of a willful violation of any law of Liberia or of any other jurisdiction relating to narcotic drugs, or to any person who is a narcotic addict.

3. *Issuance.* On Notification to the applicant by the LMHRA that he has been found qualified to receive a permit, the applicant shall pay a fee as prescribed by Regulation of the LMHRA to the Liberia Revenue Authority and on presentation to the LMHRA of the receipt of payment of such fee, shall be issued the permit. Payment of a fee shall not be required, however, of any Government hospital or other governmental agency for the issuance of the permit.
4. *Renewal.* Permits issued under this chapter shall be renewed by the filing of the prescribed renewal application with the LMHRA together with proof of payment to the Liberia Revenue Authority of the fee therefor and when requested by the LMHRA, satisfactory proof of the continuance of the factors on which the issuance of the original permit was based. Payment of a fee shall not be required, however, of any Government hospital or other governmental agency for renewal of a permit.
5. The rights and privileges given to the Government hospital or other government agency herein shall not be assigned or transferred to third party.
6. *Revocation or suspension.* Any permit issued pursuant to this Section may be revoked or suspended by the LMHRA if the permittee:
 - (a) has been convicted of violating or conspiring to violate any law of Liberia or of any other jurisdiction where the offense involves any activity or transaction with respect to narcotic drugs; or
 - (b) has violated or failed to comply with any duly made and promulgated regulation of the LMHRA and the Minister relating to narcotic drugs and such violation or failure to comply reflects adversely on the permittee's reliability and integrity with respect to the handling of narcotic drugs.
7. *Seizure of narcotic drugs on revocation or suspension of permit.* In the event of the revocation or suspension of a permit obtained pursuant to the provisions of this Section, all narcotic drugs owned or possessed by the permittee at the time of the revocation or suspension may, in the discretion of the LMHRA, be placed under seal and no disposition shall be made thereof until the time for taking an appeal has elapsed or until final determination of the appeal. Upon a revocation or suspension order becoming final, all narcotic drugs seized from the permittee shall be forfeited to the Government.

§ 30.28. Records to be kept

1. *By the LMHRA.* The Liberia Medicine and Health Products Regulatory Authority (LMHRA) shall keep an exact record of all imports, exports, purchases, sales and other transaction to which the LMHRA is a party and which involve narcotic drugs. The records shall contain information with regard to all such transactions concerning amounts and kinds of narcotic drugs involved, the identity of the nation and person by or to whom shipments are made, the identity of domestic vendors and vendees, the dates of transactions, and any other facts necessary to enable the LMHRA and the Minister to control narcotic traffic within Liberia and furnish the International Narcotics Control Board the estimates and statistics required under the Convention.

2. *By non-government importers.* A non-government importer of narcotic drugs shall keep an exact record of all imports, purchases, sales and other transactions to which he or she is a party and which involve narcotic drugs. The records shall contain information with regard to all such transactions concerning amounts and kinds of narcotic drugs involved, the identity of the nation and person by whom shipments are made, the identity of domestic vendees, the dates of transactions, and any other facts necessary to enable the Liberia Medicine and Health Products Regulatory Authority to control narcotic traffic within Liberia and furnish to the International Narcotic Control Board the estimates and statistics required under the Convention.
3. *By manufacturers.* Manufacturers of narcotic drugs shall keep records of all drugs compounded or by other process produced or prepared, and of all narcotic drugs received and disposed of by them in accordance with the provisions of Subsection (9) of this Section.
4. *By pharmacies.* Pharmacies shall keep records of all narcotic drugs received and disposed of by them, in accordance with the provisions of Subsection (9) of this Section.
5. *Vendors of exempted preparations.* Every person who purchases for resale or who sells narcotic drug preparations exempted by Section 30.3 of this chapter, shall keep a record showing the quantities and kinds thereof received and sold, or otherwise disposed of, in accordance with the provisions of Subsection (9) of this Section.
6. *By persons authorized to use professionally.* Every physician, dentist, veterinarian or other person who is authorized to administer or use narcotic drugs in the course of his or her profession or in the scope of his or her official duty or employment shall keep a record of such drugs received by him or her and a record of all such drugs administered, dispensed, or officially or professionally used by him or her otherwise than by prescription. It shall, however, be deemed a sufficient compliance with this Section if any such person using small or other preparations of such drugs to keep a record of the quantity, character and potency of such solutions or other preparations purchased or made up by him or her, and of the dates when purchased or made up, without keeping a record of the amount of such solution or other preparation applied by him or her to individual patients; provided that no record need be kept of narcotic drugs administered, dispensed or officially or professionally used in the treatment of any one patient when the amount administered, dispensed, or officially or professionally used for that purpose does not exceed in any 48 consecutive hours (a) four grains of opium or (b) one-half of a grain of morphine or of any of its salts, or (c) two grains of codeine or of any of its salts, or (d) a quantity of any other narcotic drug or any combination of narcotic drugs that does not exceed in pharmacological potency any one of the drugs named above in the quantity stated.
7. *By hospitals.* Hospitals shall keep the following records:
 - (a) An order, signed by a person authorized to prescribe under the provisions of this chapter, specifying the narcotic medication for an indicated Person or animal;
 - (b) A separate record, at the main point of supply for narcotic drugs, showing the type and strength of each drug in the form of a running inventory indicating the dates and amounts of such drugs compounded or received by them and their distribution or use.

- (c) A record of authorized requisitions for such drugs for distribution to substations or wards. Such record shall show receipt at the substation or wards, by the signature of a person supervising such substation or ward.
 - (d) A separate record for each ward or substation where narcotic drugs are used or administered to patients, indicating thereon each narcotic drug name, size and amount, the date and hour withdrawn for use, signature of the administering attendant and the balance of such drug remaining in livestock.
 - (e) A separate record showing the name of the patient to whom a narcotic drug is administered, the name of the administering attendant and the hour of administration.
8. *By laboratories.* Laboratories authorized to possess and use narcotic drugs shall keep records of the receipt and disbursement of such drugs. The record shall show the requisition, receipt at the authorized point of use, name of the person authorized to control and use such drugs, the date and amount used, the signature of the user.
 9. *Form and preservation of records.* The form of records shall be prescribed by the LMHRA and the Minister. The record of narcotic drugs received shall in every case show the date of receipt, the name and address of the person from whom received and the kind and quantity and quality of drugs received. The record of a manufacturer shall show the kind and quantity of narcotic drugs produced from the process of manufacture and the date of such production; and the record shall in every case show the proportion of morphine, cocaine, or ecgonine contained in or producible from the plant Cannabis Sativa. The record of all narcotic drugs sold, administered, dispensed or otherwise disposed of shall show the date of selling, administering or dispensing, the name and address of the person to whom, or for whose use, or the owner and species of animal for which the drugs were sold, administered or dispensed; and the kind and quantity and quality of drugs. Every record required under this Section shall be kept for a period of two years from the date of the transaction was recorded. Every such record shall contain a detailed list of narcotic drugs lost, destroyed or stolen, if any, the kind and quantity of such drugs, and the date of discovery of such loss, destruction or theft. A report of such loss, destruction or theft and other related facts shall be furnished promptly to the LMHRA, the Minister and to the Liberia National Police. In addition, a quarterly report based upon such records shall be made to the Minister in accordance with regulations promulgated by the LMHRA.

§ 30.29. Labels

1. *By LCMS and wholesalers.* The LCMS and non-government importers engaged in dealing in narcotic drugs at wholesale in selling, distributing or dispensing any such drug in a package or container prepared by them shall securely affix to the package or container a label showing in legible English the name "LCMS" or the name of such importer, as the case may be, with their address and the quantity, kind and form of narcotic drug contained therein. No person except the vendor or person to whom the drug is dispensed or an authorized agent of such person shall alter, deface or remove any label so affixed.
2. *By manufacturer.* Whenever a manufacturer sells a narcotic drug to the LCMS or other LMHRA authorized wholesalers, shall securely affix to each package or container in which

the drug is contained a label showing in legible English the name and address of the vendor and the quantity, kind and form of the narcotic drug contained therein. No person, except an authorized agent of the LCMS or such LMHRA authorized wholesalers for the purpose of selling, distributing or dispensing the drug contained in a package, shall alter, deface, or remove any label so affixed.

3. *By pharmacist.* Whenever a pharmacist sells or dispenses any narcotic drug on a prescription issued by a physician, dentist or veterinarian, he or she shall affix to the immediate container in which such drug is sold or dispensed a label in accordance with the provisions of Section 32.7(4). No person shall alter, deface or remove any label so affixed.
4. *By physicians, dentists and veterinarians.* Physicians, dentists and veterinarians dispensing narcotic drugs shall affix to the container a label showing the dispensing practitioner's name and address, the name and address of the patient, directions for use, and the date of dispensing. If the narcotic drugs dispensed are intended for an animal, the label shall indicate the species of the animal and the name and address of the owner. No person shall alter, deface, or remove any label so affixed.
5. *Drugs exempted from prescription.* Whenever a pharmacy or registered medicine store sells or dispenses any narcotic drug which under the provisions of this chapter is exempted from prescription, the pharmacy or registered medicine store shall securely affix to each package in which such drug is contained a label showing in legible English the name and address of the dispensing pharmacy or registered medicine store and the kind and form of narcotic contained therein. No person shall alter, deface or remove any label so affixed.

§ 30.30. Reports identifying narcotic addicts

Every physician and every health facility treating a person who appears to be addicted to the use of narcotic drugs shall within 48 hours after the person is first treated fill out with regard to such person a form as may be prescribed by and transmit such form to the Minister. Such reports shall be open for inspection only to the appropriate law enforcement officers and to officers or employees of the Ministry who are concerned with the commitment, care, treatment and rehabilitation of a person addicted to the use of narcotic drugs. No officer or employee having knowledge by virtue of his or her office or employment of any such report shall divulge such knowledge except in connection with his or her duties.

§ 30.31. Reports of violations of this chapter

On conviction of any offender under this chapter, the Liberia National Police shall transmit to the Minister or his or her designee information concerning such offender on a form as may be prescribed by regulation.

Chapter 31. CONTROL OF HALLUCINOGENIC DRUGS

§ 31.1. Definitions

§ 31.2. Seizure and disposition of hallucinogenic drugs

§ 31.3. Hallucinogenic drugs outlawed

§ 31.1. Definitions

1. “**Hallucinogens**” or “**hallucinogenic drug**” are drugs that cause hallucinations -- profound distortions in a person's perceptions of reality, including delusions and false notions. In this state, people see images, hear sounds and feel sensations that seem real but do not exist.
2. The list of hallucinogens shall be determined and updated from time to time by regulation formulated by the LMHRA.

§ 31.2. Seizure and disposition of hallucinogenic drugs

Any hallucinogenic drug which was being imported, manufactured, sold, prescribed, distributed, dispensed, administered or possessed in violation of the provisions of this chapter, is hereby declared to be a public nuisance and may be seized by a peace officer in accordance with the provisions of Section 30.25 with respect to narcotic drugs unlawfully possessed and shall be forfeited and disposed of in the same manner as provided for cannabis, heroin and smoking opium in said Section 30.25.

§ 31.3. Hallucinogenic drugs outlawed

1. *Prohibited acts.* Except as otherwise provided in Subsection (3) of this Section, it shall be unlawful to import, manufacture, sell, prescribe, distribute, dispense, administer or possess any hallucinogenic drug.
2. *Incidental possession of public officers not unlawful.* The provisions of this Section making it unlawful to possess any hallucinogenic drug shall not apply to public officers or employees in the performance of their official duties requiring such profession; or to temporary incidental possession by employees or agents of persons lawfully entitled to possession, or by persons whose possession is for the purpose of aiding public officers in performing their official duties.
3. *Penalties.* The following penalties shall be applicable to violations of the provisions of this Section:
 - (a) Except as otherwise provided in Subsection (3)(b), a person who violates the provisions of Subsection (2) shall be guilty of a felony of the first degree;
 - (b) A person who is found to have possession of an hallucinogenic drug for his own personal use shall be guilty of a misdemeanor of the first degree.

Chapter 32. CONTROL OF DRUGS OTHER THAN NARCOTIC AND HALLUCINOGENIC DRUGS

Subchapter A. Use of Antimicrobials

§32.1. Purpose

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Subchapter A- Use of Antimicrobials

§ 32.1. Purpose

The purpose of this Subchapter is to curb antimicrobial resistance caused by the unguided use of antimicrobials in humans and animals, and regulate the prescription and dispensing of antimicrobials by health care providers.

§ 32.2. Definition

1. **“Antibiotics”** are any substances that destroy or inhibit the growth of bacteria and similar microorganisms.
2. **“Antifungals”** are drugs that inhibit the growth of fungi.
3. **“Antimalarials”** are agents that prevent or counteract malaria.
4. **“Antimicrobials”** are medicines used such as antibiotics, antivirals, antimalarials, and antifungals to treat infections caused by micro-organisms.

5. **“Antimicrobial Resistance” (“AMR”)** means the ability of micro-organisms to withstand the effects of antimicrobials.
6. **“Drug Peddling”** is the selling of drugs/medicine by moving from one place to another.

§ 32.3. The Practice

1. Drug peddling is hereby prohibited. No pharmacy or medicine store shall dispense or sell any antimicrobial agent for use by humans or animals without a valid prescription from a licensed prescriber. When antibiotics are to be used in animals, they must be used upon prescription and under the supervision of a licensed veterinarian.
2. The prescription of antimicrobials must be in full dose regimen and must contain:
 - (a) the details of the authorized and licensed prescriber;
 - (b) the prescriber’s professional license number;
 - (c) the prescriber’s name and phone number;
 - (d) the name of the patient.
3. Every pharmacy or drug outlet, whether a private or public facility, shall be manned and/or supervised by a licensed professional pharmacist.
4. All patients for whom antimicrobial prescriptions have been made shall be treated and educated concerning the use and benefits of antibiotics treatment.
5. The Ministry shall create public awareness regarding the risk of antimicrobial resistance in the population.
6. The Government shall ensure that safe, quality and efficacious medicines are affordable, accessible and available at all times to minimize/avoid drug induced problems.

§ 32.4. Penalty

Violation of this Subchapter is a misdemeanor of the second degree, and is punishable by a fine imposed by the Ministry of Health through regulation under Chapter 5 of this Title.

Subchapter B - Liberian Drug Register

§ 32.5. Establishment of Liberian Drug Register

With all convenient speed after the effective date of this title, subject to the exemptions set forth in Section 32.6, the Pharmacy Division of the Ministry of Health, with the approval of the Minister, shall make a Liberian Drug Register by regulations to be officially published, consisting of schedules of drugs and medical preparations including proprietary medicines, which may be sold and dispensed in the Republic, other than non-exempted narcotic drugs covered by the provisions of chapter 30 and poisons covered by the provisions of Chapter 33, and so classified as to promote safety factors for the protection of the public health and take into

account the degree of competency and other qualifications required of persons engaged in dispensing such, drugs and preparations. The schedules shall be classified as follows:

1. **Category A. Prescriptive drugs and medical preparations**

Prescriptive drugs and medical preparations, other than non-exempted narcotic drugs covered by the provisions of chapter 31, and poisons covered by the provisions of chapter 33, which because of toxicity or other potentiality for harmful effect, or the method of use, or the collateral measures necessary to its use, are not safe for use except under the supervision of a licensed practitioner authorized by law to administer them. Except as expressly permitted by the provisions of Section 31.2, such prescriptive drugs and medical preparations shall only be compounded and dispensed in licensed pharmacies by licensed pharmacists, upon prescriptions executed in accordance with the provisions of Section 31.3.

2. **Category B. Non-prescriptive, drugs and medical preparations dispensable by licensed pharmacists; exception**

Drugs and medical preparations for which a prescription is not required but which for reasons of safeguarding the public health may only be sold/or dispensed at licensed pharmacies and hospital dispensaries except as permitted under the schedule made hereunder as category C.

3. **Category C. Non-prescriptive drugs and medical preparations dispensable by registered medical Stores**

Drugs and medical preparations included in the schedule made under category B which may safely be sold at registered medicine stores.

4. **Category D. Unrestricted drugs and medical preparations**

Drugs and medical preparations if or which a prescription is not required and which may safely be sold at any establishment.

5. The schedules made hereunder may be amended and supplemented by the Liberia Pharmacy Board from time to time as necessary, with the approval of the Minister, the regulations for which shall also be officially published.

§ 32.6. Persons and Institutions exempted from application of restrictions in Liberian Drug Register

1. *Physicians and dentists.* A licensed physician or dentist, in good faith and in the course of his or her professional practice only, may prescribe, apply, administer and dispense prescriptive drugs and medical preparations listed on the schedule made in accordance with Section 32.5 under Category A without a prescription, or he or she may cause them to be applied or administered by a nurse or intern under his or her direction or supervision. He or she may similarly apply, administer and dispense drugs and medical preparations listed on the schedules made in accordance with Section 32.5 under Categories B and D. Sales at retail, however, whether to patients or other persons are prohibited.

2. *Veterinarians.* A licensed veterinarian, in good faith and in the course of professional practice only and not for use by a human being, may prescribe, apply, administer and dispense prescriptive drugs and medical preparations listed on the schedule made in accordance with Section 32.5 under Category A without a prescription, or he or she may cause them to be applied or administered by an assistant under his or her direction or supervision. He or she may similarly prescribe, apply, administer and dispense drugs and medical preparations listed on schedules made in accordance with Section 32.5 under Categories B and D, Sales and retail, however, are prohibited.
3. *Pharmacists and dispensers in hospital dispensaries.* Licensed pharmacists supervising pharmaceutical services in accordance with the provisions of Section 42.7 in good faith may dispense prescriptive drugs and medical preparations listed on the schedule made in accordance with Section 32.5 under category A to patients registered for treatment at the hospitals maintaining such dispensaries, but only on order of a staff physician. Dispensers, however, shall not compound such prescriptive drugs and medical preparations. The said licensed pharmacists and dispensers may similarly dispense drugs and medical preparations listed on the schedules made in accordance with Section 32.5 under categories B and D. Sales to patients registered for treatment at hospitals maintaining dispensaries shall not be deemed to be sales at retail.
4. *Manufacturers and drug wholesalers.* Manufacturers and wholesalers of drugs holding duly issued permits therefor may sell prescriptive drugs and medical preparations listed on the schedule made in accordance with Section 32.5 under category A without a prescription but only to licensed pharmacists, dentists, veterinarians, pharmacies and hospital dispensaries. They may similarly sell drugs and medical preparations listed on the schedule made in accordance with Section 32.5 under category B, except that in addition, such drugs and medical preparations which are also listed on the schedule made in accordance with Section 32.5 under Category C may be sold by them to Registered Medicine Stores.

§ 32.7. Prescription directives; labeling

1. *Prescriptive drugs require written or oral-written prescription.* Except as otherwise provided in Section 32.6 a drug or medical preparation which is listed on the schedule made in accordance with Section 32.5 under category A shall be compounded and dispensed in accordance with the following:
 - (a) Upon a written prescription of a person legally authorized to issue such prescription; or
 - (b) Upon an oral prescription of such a legally authorized person which is reduced promptly to writing and filed by the dispensing pharmacist; or
 - (c) By refilling any such written or oral prescription if such refilling is authorized by the prescriber either in the original prescription or by an oral order which is reduced promptly to writing on the original prescription and filed by the dispensing pharmacist.
2. If such a drug or medical preparation is dispensed upon an oral prescription or order, the prescriber shall furnish a written prescription for such drug or medical preparation to the

dispensing pharmacist within seventy-two hours from the making of the oral prescription or order and if the written prescription is not received by the pharmacist within this period, the pharmacist shall report the default of the prescriber to the LMHRA representing the prescriber's profession.

3. *Contents of written prescription; filing.* A written prescription required by the provisions of Subsection (1) shall be dated and signed by the person prescribing on the day when issued and shall bear the full name and address of the patient for whom or the owner of the animal for which, the drug or medical preparation is dispensed and the full name and address of the person prescribing. If the prescription is for an animal, it shall state the species of animal for which the drug or medical preparation is prescribed. The pharmacist filling the prescription shall give it a serial number under which it is recorded in the pharmacist's prescription file chapter 39.6 and shall indicate such serial number on the prescription and write the date of filling and his own signature on the face of the prescription. The date of each refilling, if any, must also be indicated on the face of the prescription. The prescription shall be retained on file by the dispensing pharmacist for a period of at least two years and, upon request, shall be made available for inspection by any public officer or employee engaged in the enforcement of this title.
4. *Labeling on drug containers.* No drug or medical preparation prescription is required by the provisions of Subsection (1) shall be dispensed without having affixed to the immediate container in which the drug or medical preparation is sold or dispensed a label bearing the name and address of the dispenser, the serial number under which it is recorded in the pharmacist's prescription file and the date of the prescription or of its filling or refilling, the name and address of the prescriber, the name and address of the patient, or if prescribed for an animal, the name and address of the owner of the animal and the species of animal, and the directions for use and the cautionary statements, if any contained on the prescription.

§ 32.8. Quality control of imported drugs, medical preparations and therapeutic devices

1. With all convenient speed after the effective date of this title, the LMHRA shall, by a duly published regulation, promulgate a Liberian Drug Register consisting of schedules of drugs and medical preparations including proprietary medicines and therapeutic devices, which may be manufactured, imported, sold or dispensed in the Republic. Such Drug Register shall not include non-exempted narcotic drugs (covered by the provisions of chapter 30) and poisons (covered by the provisions of chapter 33). The Drug Register shall be made taking into consideration the quality of drugs classified under their generic names, the brand names (if any), whether prescriptive or nonprescriptive, and the name and addresses of the manufacturers. Drugs, medicines and therapeutic devices shall so be classified in order to promote safety and the protection of public health taking into account the degree of competency and other qualifications required of persons engaged in dispensing such drugs and preparations.
2. After said publication of the Drug Register, no person may import into the Republic any drug, medical preparation or therapeutic device other than non-exempted narcotic drugs which are covered by the provisions of chapter 30, unless it is contained in the catalogue. If

a drug, medical preparation or therapeutic device is not contained in the catalogue to be made hereunder, or if the brand name and the name and address of the manufacturer of any generic item listed in the catalogue is not contained thereon, a person intending to import any such item may make an application to the LMHRA to have such item approved for import and placed in the catalogue. Approval shall be based on the quality of item proposed, and if the item is not contained in any recognized official pharmacological compendium proof of its efficacy. If such application is approved, the name of the item and the name and address of its manufacturer shall be officially published and no further application shall be required for its importation. The catalogue made hereunder may be amended and supplemented by the LMHRA from time to time as necessary, the regulations for which shall also be officially published.

§ 32.9. Sanitary control of imported drugs, medical preparations and therapeutic devices

The Minister of Finance and the LMHRA shall have the same duties and obligations with respect to the protection against insanitary conditions, adulteration, misbranding, prohibitions and restrictions in sale in the countries of origin or of export, of drugs, medical preparations and therapeutic devices which are being imported or offered for import into the Republic as are provided for foods in Section 23.17 and such articles shall be subject to the same provisions as therein contained for foods. The provisions of this Section shall not be construed to prohibit the admission of narcotic drugs, the importation of which is controlled under Section 30.6.

Subchapter C: Control of Tobacco & Tobacco Products

§ 32.10. Definitions

As used in this Chapter, the following terms shall have the definitions attributed to them:

1. **“Board”** means the Tobacco Control Board established by §32.13(A)(1)
2. **“Brand element”** means the brand name, trademark, trade name, distinguishing guise, logo, graphic arrangement, design, slogan, symbol, motto, selling message, recognizable color or pattern of colors, or any other indicia of product identification identical or similar to, or identifiable with those used for any brand of tobacco product.
3. **“Composition”** means the content, arrangement or combination of substances included in the processing and manufacture of tobacco products.
4. **“Emission”** means any substance or combination of substances that is produced as a result of a tobacco product being lit.
5. **“Illicit trade”** means any practice or conduct prohibited by law and which relates to manufacture, production, shipment, receipt, possession, distribution, sale or purchase of tobacco or its products, including acts or omissions intended to facilitate such activity;
6. **“Nicotine”** means the colorless, oily, toxic liquid that is the chief active constituent of tobacco.

7. **“Package”** means the container, receptacle or wrapper in which a tobacco product is sold or displayed at retail or wholesale, including a carton that contains smaller packages.
8. **“Promotion”** any form of commercial communication, recommendation, sponsorship, or action with the aim, effect or likely effect of promoting tobacco product or tobacco use either directly or indirectly.
9. **“Public Place”** means enclosed, partially enclosed, or indoor areas of a workplace or place where the public is present, including:
 - (a) offices and office buildings;
 - (b) factories, health, and educational institutions;
 - (c) premises where children are cared for;
 - (d) means of transportation used for commercial, public, or professional purposes by more than one person;
 - (e) public transportation terminals and ports of entry;
 - (f) wholesale and retail establishments, including shopping malls and markets;
 - (g) entertainment facilities and facilities rented out for events;
 - (h) recreational facilities;
 - (i) places of collective use;
 - (j) a facility that employs people, whether paid or not;
 - (k) residential houses and such other premises where children are cared for;
 - (l) Sports stadia and other sports arenas;
 - (m) Bars, restaurants, and pools;
 - (n) and any other public places specified in regulations adopted by the Minister.
10. **“Tar”** means the toxic, sticky, partially combusted matter produced by the burning of tobacco in the act of smoking.
11. **“Tobacco”** means the tobacco plant, including the seed and leaves.
12. **“Tobacco product”** means any substance that contains tobacco, including but not limited to cigarettes, cigars, pipe, snuff, shisha, chewing tobacco, and dipping tobacco.
13. **“Use or using of any tobacco product”** includes, but is not limited to, smoking, inhaling, chewing, sniffing, sucking and ingesting.
14. **“Vending machine”** means a machine or device that contains tobacco products and which can automatically retail any tobacco product upon the insertion of a coin, token or similar object into the machine or device.

§ 32.11. Scope

This chapter provides for regulating the use of tobacco and tobacco products and all activities associated with the use and distribution of tobacco and tobacco products.

§ 32.12. Purpose

This chapter is intended to provide a legal basis for the control of the production, manufacture, storage, importation, exportation, shipment, trans-shipment, labelling, advertising, promotion, sponsorship, sale, distribution, and as well as the use of tobacco and tobacco products including exposure to tobacco smoke, particularly in public places and by children in order to protect and enhance the health of the citizens and residents of the Republic of Liberia. Further, the Chapter is intended to improve the environment; adopt and implement effective measures to eliminate illicit trade in tobacco and tobacco products including smuggling, illicit manufacturing and counterfeiting; and contribute to international efforts to reduce the use of tobacco and tobacco products.

§ 32.13. Establishment of Tobacco Control Board

(A) Establishment

1. With the Ministry of Health as its focal point, there is hereby established a Board to be known as the Tobacco Control Board, which shall consist of:
 - (a) a Chairperson appointed by the Minister;
 - (b) the Chief Medical Officer;
 - (c) National Public Health Institute (NPHIL);
 - (d) the Ministry of Finance and Development Planning;
 - (e) the Liberia Revenue Authority;
 - (f) the Ministry of Justice;
 - (g) the Ministry of Commerce & Industry
 - (h) the Ministry of Education;
 - (i) the Ministry of Agriculture;
 - (j) the Ministry of Foreign Affairs
 - (k) the Ministry of Information, Cultural Affairs & Tourism,
 - (l) the Ministry of Internal Affairs;
 - (m) the Ministry of Gender Social and Children Protection;
 - (n) the Environmental Protection Agency (EPA);
 - (o) the Liberia National Police (LNP);
 - (p) one person nominated by the Liberia Medical and Dental Council;
 - (q) one representative of the business community in Liberia, to be nominated by the Liberia National Chamber of Commerce;
 - (r) one representative of non-governmental organizations engaged in matters relating to tobacco control, to be nominated by the Non-Governmental Organizations Community;

- (s) one representative of religious organizations appointed by the Minister;
- (t) one person nominated by the Liberia National Bar Association.
- (u) Any other member(s) as may be deemed necessary by the Minister.

2. *Meetings*

- (a) The Chairperson shall preside at every meeting of the Board at which he is present but in his absence, the Vice-Chairperson shall preside. Provided that in the absence of both the Chairperson and the Vice-Chairperson, the members present shall elect one of their members who shall, with respect to that meeting and the business transacted thereat, have all the powers of the Chairperson.
- (b) The quorum at a meeting of the Board shall be ten members.
- (c) Unless a unanimous decision is reached, a decision on any matter before the Board shall be by a majority of the votes of the members present and in the case of an equality of votes, the Chairperson or the person presiding shall have a tie-breaking vote.
- (d) Subject to Subsection A(2)(c), no proceedings of the Board shall be invalid by reason only of a vacancy among the members.
- (e) The Board may invite any person to attend a meeting of the Board for the purpose of assisting or advising the Board on any particular matter but such person shall have no right to vote at the meeting.
- (f) The Board shall meet quarterly in every fiscal year and not more than three months shall elapse between the date of one meeting and the date of the next meeting.
- (g) Subject to this Chapter and to any directions in writing by the Minister, the Board shall regulate its own proceedings.

3. *Affiliation with Tobacco Industry*

No member of the Board shall directly or indirectly, be affiliated with the tobacco industry or its subsidiaries.

4. *Failure to Disclose Affiliation*

A member who fails to disclose his or her affiliation with the tobacco industry or its subsidiary commits an offense and shall be liable, on conviction, to a fine US\$5,000.00 or imprisonment for a period not exceeding one year or both.

5. *Qualification for Chairmanship*

No person shall be qualified for appointment as the Chairperson of the Board under Subsection A (1)(a) unless such person:

- (a) holds a degree from a university recognized in Liberia; and
- (b) has at least five years of experience in public health, five of which shall be at a senior management level.

6. *Tenure*

- (a) The Chairperson shall hold office for three years, provided that he/she shall be eligible for reappointment for one additional term.
- (b) A member of the Control Board, other than an *ex officio* member or chairperson, shall, subject to this Section, hold office for a period of three years, but shall be eligible for reappointment for one further term.
- (c) A member of the Board, other than an *ex officio* member may:
at any time resign from office by notice in writing to the Minister; or be removed from office by the Minister if the member:
 - i. is absent from three consecutive meetings of the Board without the permission of the Chairperson, or in the case of the Chairperson, without the permission of the Minister; or
 - ii. is convicted of an offense and sentenced to imprisonment; or
 - iii. is incapacitated by reason of prolonged physical, mental illness or any other from performing his/her duties as a member of the Board;

7. *Vice Chairperson*

The secretary to the Board shall, within thirty days of the commencement of this Title, convene the first meeting of the Board at which the members of the Board shall, from amongst their number, elect a Vice-Chairperson.

8. *Secretary of the Board*

The Chief Medical Officer or his/her designee shall be the secretary to the Board.

(B) Functions of the Board

- 1. The functions of the Board shall be to:
 - (a) advise the Minister on the national policy to be adopted with regard to the production, manufacture, sale, advertising, promotion, sponsorship and use of tobacco and tobacco products;
 - (b) advise the Minister generally on the exercise of his/her powers and the performance of his/her functions under this Chapter, and in particular to:
 - i. recommend to the Minister the permissible levels of the constituents of tobacco products or their emissions required to be prescribed under Section 32.13(D)(1)(a),
 - ii. advise the Minister on the harmful constituents and ingredients of tobacco products required to be prohibited under Section 32.13(D)(1)(b),
 - iii. assist the Minister in determining the test methods to be used in testing tobacco products and their emissions in order to test conformity with the requirements of this Chapter and any regulations made thereunder;
 - (c) advise the Minister on the information that manufacturers shall provide, including information on tobacco products and their contents;

- (d) advise the Minister on the labelling, packaging, sale, distribution, promotion or advertising of tobacco products;
- (e) advise the Minister on matters relating to the administration of the Fund under Subsection (C) below;
- (f) recommend to the Minister and to participate in the formulation of regulations to be made under this chapter;
- (g) to promote public awareness about the health consequences, addictive nature and deadly threat posed by tobacco consumption and exposure to tobacco smoke and the harmful effects of tobacco growing and handling through a comprehensive nationwide education and information campaign. The campaign shall be carried out in all schools and other institutions of learning, all prisons, and other places of confinement, at all places of work and in all communities throughout the Republic;
- (h) provide training, sensitization and awareness programs on tobacco control for community workers, social workers, media professionals, educators, decision makers, administrators and other concerned persons for proper information, dissemination and education on tobacco and tobacco products;
- (i) implement tax and price policies on tobacco and tobacco products so as to foster the objectives of this Chapter;
- (j) prohibit or restrict, as may be appropriate, any sale to, or importation of tax-free tobacco products by international travelers;
- (k) set up a task force of committed authorized persons, including, but not limited to, the police, customs officers, health inspectors and DEA officers, to assist in the enforcement of this Chapter;
- (l) issue notices and orders in relation to disclosures, inspections, entry of premises and seizures;
- (m) perform such other functions as may, from time to time, be assigned by the Minister.

(C) Tobacco Control Fund

1. There is established a fund to be known as the Tobacco Control Fund.
2. The Fund shall consist of:
 - (a) appropriations by the Legislature for that purpose;
 - (b) such sums as may be realized from property forfeited to the Government as authorized under this Chapter;
 - (c) sums received, including fees, contributions, gifts or grants from or by way of bequest by any person or persons. Provided that such sums shall not be received from any person that would create a conflict of interest;
 - (d) monies earned or arising from any investment of the Fund pursuant to Subsection (C)(2);
 - (e) donations or technical assistance;

- (f) all other sums which may in any manner become payable to, or vested in, the Fund.
- 3. Where by an order under Subsection (C)(2)(b) above, any immovable property is assigned to the Fund, the Minister shall deal with the property in such manner as he/she thinks fit and may sell the property and use the proceeds of such sale for the purposes for which the Fund is established.
- 4. The Fund shall be used for defraying expenditures relating to:
 - (a) research, documentation and dissemination of information on tobacco and tobacco products;
 - (b) promoting national cessation and rehabilitation programs; and
 - (c) any other matter incidental to the matters stated in Subsections 4(a) and 4(b).
- 5. Unless the Ministry directs otherwise, the receipts, earnings or accruals of the Fund and the balances of the Fund at the close of each financial year, shall not be paid into the Consolidated Fund, but shall be retained for the purposes of the Fund.
- 6. *Administration of the Fund*
 - (a) Subject to this Subsection, the Fund shall be administered by the Controller of the Ministry.
 - (b) The Controller may, with the approval of the Deputy Minister for Administration, invest or place in a savings account any of the monies of the Fund and any interest earned on monies so invested or deposited shall be placed to the credit of the Fund.
 - (c) The Controller shall:
 - i. supervise and control the administration of the Fund;
 - ii. impose conditions on the use of any expenditure and may impose any reasonable restriction or other requirement concerning use or expenditure;
 - (d) cause to be kept proper books of account and other books and records in relation to the Fund as well as to all the various activities and undertakings of the Fund;
 - (e) transmit, within four months of the end of the fiscal year, to the Controller General and/or Auditor General in respect of each financial year a statement of account relating to the Fund specifying income to the Fund in such details as in accordance with the Public Financial Management Act, including any investment or deposit made under Subsection (C)(6)(b) and shall furnish such additional information as may be deemed sufficient and necessary for the purpose of examination and audit by the Auditor General in keeping with law, and every statement of account shall include details of the balance between the assets and liabilities of the Fund, and indicate the financial status of the Fund, as at the end of the fiscal year concerned; and
 - (f) engage such staff as may be necessary to assist in the management of the Fund.

(D) Powers of the Minister

- 1. Notwithstanding the provisions of any other law in vogue, the Minister, on the recommendation of the Board, may:

- (a) prescribe the permissible levels of tar, nicotine, and such other constituent of tobacco products or their emissions as the Minister may specify, which levels shall not exceed the levels set by the World Health Organization;
- (b) prohibit the addition and use of any harmful constituent or ingredient in the production of tobacco products;
- (c) prescribe the methods to be used in testing tobacco products and their emissions;
- (d) prescribe the information that manufacturers shall provide to the Board, including information on tobacco products and their emissions, sales and advertising data, and information on product composition, ingredients, hazardous properties and brand elements;
- (e) subject to this Chapter, control the labelling, packaging, sale, distribution, promotion or advertising of tobacco products, so as to:
 - i. ensure that the purchaser or consumer of a tobacco product is not misled as to its quality, quantity, character, value, composition, effect, merit or safety;
 - ii. prevent injury or harm to the health of the consumer.

§ 32.14. Use of Tobacco Products in Public Places

1. The use of tobacco and tobacco products within 20 meters (21.88 yards or 65.62 feet) of public places is prohibited.
2. Public institutions or public facilities shall not permit, encourage or condone, whether by action or omission, the unlawful use of tobacco and tobacco products.
3. A person who is in control of or responsible for a public place shall:
 - (a) post signs that clearly indicate that smoking is prohibited;
 - (b) not display an ashtray;
 - (c) discontinue service to a customer who is smoking;
 - (d) ask a customer or employee who smokes to stop smoking or leave immediately;
 - (e) issue warnings or take other appropriate disciplinary action against an employee who smokes; and
 - (f) notify the County Health Administration or law enforcement personnel if a person refuses to either stop smoking or leave.
4. A person who contravenes the provisions of this Section commits an offense and shall, on conviction, be liable to a fine not exceeding one thousand United States dollars or its Liberian dollar equivalent, or to imprisonment for a term not exceeding one year or both.

§ 32.15. Sale of Tobacco and Tobacco Products to and by Children

1. No person shall sell or distribute or permit, encourage, condone or facilitate sale or distribution or use of tobacco or tobacco products to or by children.

2. Before a person sells or distributes tobacco or a tobacco product, the person shall demand a valid picture identification from the purchaser as proof of age unless the person has no doubt that the purchaser is an adult.
 - (a) It shall not be a defense to this requirement that the person appeared to be an adult.
 - (b) It shall be a defense to this requirement that the purchaser presented a form of identification showing his or her age to be 18 years old or older, and that there was no apparent reason to doubt the authenticity of the document or that it was issued to the person producing it. This defense is not available if the form of identification was, in a way that is reasonably apparent that it is altered or false.
3. No person shall send a child to buy or sell a tobacco product, ask a child to light a tobacco product, or expose a child to secondhand smoke.
4. No child shall purchase or distribute tobacco or tobacco products.
5. A person who contravenes the provisions of this Section commits an offense and shall, on conviction, be liable to a fine not exceeding five hundred United States dollars or its Liberian dollar equivalent, or to imprisonment for a term not exceeding one year or both.

§ 32.16. Sale of Imitation of Tobacco Products

1. No person shall manufacture or distribute any sweets, snacks, or toys, which are in the form of tobacco or tobacco products but do not contain tobacco. This prohibition does not apply to tobacco cessation products.
2. A person who contravenes the provisions of this Section commits an offense and shall, upon conviction, be liable to a fine not exceeding one thousand United States dollars or its Liberian dollar equivalent, or to imprisonment for a term not exceeding one year or both.

§ 32.17. Tobacco Product Disclosures

1. The Minister, in consultation with the Ministry of Commerce and Industry, the Liberia Revenue Authority and other appropriate government officials and agencies, shall adopt regulations or guidelines related to tobacco product disclosures. The regulations or guidelines shall require every manufacturer and importer of a tobacco product to provide the Ministry and the Ministry of Commerce and Industry information about the contents and emissions of the tobacco products.
2. A person who contravenes the provisions of this Section commits an offense and shall, upon conviction, be liable to a fine not exceeding one thousand United States dollars or its Liberian dollar equivalent, or to imprisonment for a term not exceeding one year or both.

§ 32. 18. Packaging and Labeling of Tobacco Products

1. No person shall manufacture, distribute, or import a tobacco product unless the package containing it and each unit package bear:

- (a) at least two of the following warning labels of the same health messages approved by the Minister and located on the lower portion of the package directly underneath the cellophane or other clear wrapping:
 - i. Smoking harms people next to you;
 - ii. Tobacco use kills;
 - iii. Tobacco harms your unborn baby;
 - iv. Tobacco use causes cancer;
 - v. Tobacco use causes heart disease;
 - vi. Tobacco use causes lung disease;
 - vii. Tobacco use is addictive;
 - viii. This product can cause gum disease and tooth loss
 - ix. This product can cause mouth cancer;
 - x. This product is not a safe alternative to cigarettes (for smokeless tobacco products);
 - xii. Tobacco use causes impotence;
 - xiii. Tobacco use causes miscarriages;
 - xiv. Tobacco use causes infertility in women;
 - xv. Tobacco use causes mental retardation in children.
 - (b) clear and visible information about the tar, nicotine and all other contents of the tobacco product and its emissions and the health hazards or effects arising from the use of the product or from its emissions;
 - (c) the word “WARNING” in capital letters and all text in conspicuous and legible 15-point type, unless the text of the label statement would occupy more than seventy percent of such display area, in which case the text may be of a smaller but conspicuous type size. Provided however that at least sixty percent of such area is occupied by the required text;
 - (d) text that is black on a white background or white on a black background in a manner that contrasts by typography, layout or color with all other printed material on the package.
2. The information required under Subsection 32.17(1) shall be limited to the disclosure of the contents and not their quantities;
 3. The information required under this Section shall comprise at least 50% of the principal display areas on the package and be provided in the form of or include pictures or pictographs;
 4. No person shall package a tobacco product in a manner that allows a consumer or purchaser to be deceived or misled concerning the nature, properties, toxicity, composition, merit or safety of the tobacco product;
 5. The requirements arising from this Section do not relieve a manufacturer, retailer, or wholesaler of other obligations or liabilities arising from other applicable laws to warn consumers of the risks of using tobacco products;
 6. All information required by this Section shall be in English. The information may also be provided in other languages in addition to English.

7. A person who contravenes the provisions of this Section commits an offense and shall, upon conviction, be liable to a fine not exceeding five thousand United States dollars or its Liberian dollar equivalent, or to imprisonment for a term not exceeding two years or both.

§ 32.19. Advertising and Promotion of Tobacco Products

1. No person shall advertise or promote, or cause another to advertise or promote, a tobacco product or brand element:
 - (a) in a manner that allows a consumer or purchaser to be deceived or misled concerning the character, properties, toxicity, composition, merit or safety of the tobacco product; or
 - (b) that does not display information about the tobacco product and its emissions; the health hazards and health effects arising from the use of the tobacco product or from its emissions; and other health-related messages provided under Section 32.17(1), including advice on how to quit smoking through means of promotion that can be viewed from outdoors;
 - (c) by creating, displaying, or using any item other than a tobacco product, including a vehicle or structure, which bears the brand element identical or similar to, or identifiable with, those used for any brand of tobacco product; or
 - (d) by combining the name of any athletic, musical, artistic or any other social or cultural event with the brand element identical or similar to, or identifiable with, those used for any brand of tobacco product. This prohibition extends to entries of athletic or other teams into events.
2. Nothing in Subsection (1) shall prevent a person from sponsoring or causing to be sponsored any athletic, musical, artistic or any other social or cultural event, or any entity or team in any event, in the name of a corporation which manufactures a tobacco product. Provided that both the corporate name and the corporation were registered and in use in this country at time of the sponsorship, and that the corporate name does not include any brand mark identical or similar to, or identifiable with, those used for any brand of tobacco product.
3. Nothing in Subsection (1) shall apply to the publication by a manufacturer of a tobacco product advertisement in a printed publication that is intended for distribution only to employees of the tobacco trade for trade purposes.
4. No person shall offer or provide any incentive, direct or indirect, for the purchase of a tobacco product. Incentives include, but are not limited to, providing the purchaser or a third party a gift, bonus, premium, cash rebate, or right to participate in a game, lottery or contest.
5. If a manufacturer or other person directly involved with the tobacco industry engages in advertising or promoting tobacco products in the Republic of Liberia, it must report annually to the Minister and the Minister of Commerce and Industry on the amount expended for any such advertising or promotion. These reports shall be made available to the public upon request as provided for in Chapter 3 of the Freedom of Information Act (2010).

6. A person who contravenes the provisions of this Section commits an offense and shall, on conviction, be liable to a fine not exceeding five thousand United States dollars or its Liberian dollar equivalent, or to imprisonment for a term not exceeding two years or both.

§ 32.20. Distribution of Tobacco Products

1. No person shall distribute, sell, or offer to sell tobacco products in the following places:
 - (a) health institutions, including hospitals, pharmacies, and health centers or clinics;
 - (b) educational institutions;
 - (c) facilities that are not fixed, permanent structures;
 - (d) facilities that typically have a significant number of children, including amusement parks, movie theatres, and sports facilities; and
 - (e) such other places as may be identified in regulations issued by the Minister.
2. No person shall distribute, sell, or offer to sell a tobacco product:
 - (a) unless the tobacco product is hidden from view of the general public;
 - (b) by means of a display that permits a person to handle the tobacco product before paying for it;
 - (c) through a vending machine;
 - (d) to a person through the mail or through the internet; or
 - (e) at a retail location unless large, clearly written warning signs are posted in plain view at the location. The warning signs must include information about the tobacco product and its emissions; the health hazards and health effects arising from the use of the tobacco product or from its emissions; smoking cessation programs; and the prohibition on the sale of tobacco products to children.
3. No person shall distribute a tobacco product for free to the public.
4. Every packet or package of tobacco for retail or wholesale in Liberia shall carry the statement “To be sold in Liberia only” and shall also state the country of origin.
5. No person shall sell cigarettes except in a package containing at least ten (10) cigarettes, or such other minimum number of cigarettes, not being less than ten, as may be prescribed by regulation.
6. No person shall sell a tobacco product other than cigarettes except in a package that contains at least ten units of the product, or such other minimum number of units of the product, not being less than ten, as may be prescribed by regulation.
7. A person who contravenes the provisions of this Section commits an offense and shall, on conviction, be liable to a fine not exceeding five thousand United States dollars or its Liberian dollar equivalent, or to imprisonment for a term not exceeding two years or to both.

§ 32.21. Authorized officers & Places Authorized Officers may Enter

1. *Authorized officers.* In addition to the persons authorized under this chapter, the chairperson of the Board may from time to time appoint any person or class of persons to be authorized officers for purposes of enforcing this Chapter. The chairperson of the Board shall issue an instrument of appointment to every person or group of persons so appointed.
2. *Powers of officers.* In carrying out an inspection in any place pursuant to Subsection (3) below, an authorized Officer(s) may:
 - (a) examine a tobacco product or anything referred to in that Section;
 - (b) require any person in such place to produce for inspection, in the manner and form requested by the officer, the tobacco, tobacco product or thing; to open or require any person in the place to open any container or package found in the place that the officer believes on reasonable grounds contains tobacco, the tobacco product or thing;
 - (c) take or require any person in the place to produce a sample of the tobacco, tobacco product or thing;
 - (d) conduct any test or analysis or take any measurements; or
 - (e) require any person found in the place to produce for inspection or copying, any written or electronic information that is relevant to the administration or enforcement of this Chapter.
3. *Places authorized officers may enter*
 - (a) For the purposes of ensuring compliance with this Chapter, an authorized officer may, at any reasonable time, enter any place in which the officer believes on reasonable grounds that:
 - i. tobacco or a tobacco product is or has been manufactured, produced, tested, stored, labelled, sold or used;
 - ii. there is anything used in the production, manufacture, testing, packaging, labelling, promotion or sale of a tobacco products;
 - iii. there is information relating to the manufacture, production, testing, packaging, labelling, promotion or sale of tobacco product;
 - iv. any person or persons is in any way contravening the provisions of this Chapter.
 - (b) An authorized officer or group of authorized officers entering any premises under this Section shall, if so required, produce for inspection by the person who is or appears to be in charge of the premises the instrument issued to him under Subsection 32.21(1) above.
4. *Use of records.* In carrying out an inspection in a place, an authorized officer may:
 - (a) use or cause to be used any computer system in the place to examine data contained in or available to the computer system that is relevant to the administration or enforcement of this Chapter;

- (b) reproduce the data in the form of a print-out or other output and take it for examination or copying;
 - (c) use or cause to be used any copying equipment in the place to make copies of any data, record or document;
 - (d) scrutinize any other record system in use in that place.
5. *Entry of dwelling place.* An authorized officer may not enter a dwelling place except with the consent of the occupant or under the authority of a warrant issued under Subsection 32.21(6) of this Chapter.
6. *Authority to issue warrant.*
- (a) Upon an *ex parte* application, a magistrate or judge of a circuit court, may issue a warrant authorizing the authorized officer named in the warrant to enter and inspect a dwelling place, subject to any conditions specified in the warrant, if the magistrate or judge is satisfied by information on oath that:
 - i. the dwelling place is a place referred to in Subsection (5);
 - ii. entry to the dwelling place is necessary for the administration or enforcement of this Chapter;
 - iii. the occupant does not consent to the entry, or that entry has been refused or there are reasonable grounds for believing that it will be refused.
 - (b) The time of such entry shall be between 6am and 6pm of any day of the week.
7. *Use of force.* An authorized officer(s) executing the warrant issued under Subsection 32.21(6) shall not use force unless such officer(s) are accompanied by police and the use of force is specifically authorized in the warrant.
8. *Certificate of analysis.* An authorized officer who has analyzed or examined tobacco, a tobacco product or thing under this Chapter, or a sample of it, shall issue a certificate or report setting out the results of the analysis or examination.
9. *Assistance to officers.* The owner of a place inspected by an authorized officer under this Chapter or the person in charge of the place and every person found in the place shall:
- (a) provide all reasonable assistance to enable the authorized officer to carry out his or her duties under this Chapter;
 - (b) furnish the authorized officer with such information as the officer reasonably requires for the purpose for which entry into the place has been made.
10. *Obstruction.* No person shall obstruct or hinder, or knowingly make a false or misleading statement to an authorized officer who is carrying out duties under this Chapter.
11. *Seizure.* During an inspection under this Chapter, an authorized officer(s) may seize any tobacco, tobacco product or thing by means of which or in relation to which the officer believes, on reasonable grounds, that this Chapter has been violated and full inventory thereof shall be made at the time of such seizure by the officer.

12. *Storage and removal.* The authorized officer(s) may direct that any tobacco, tobacco product or thing seized be kept or stored in the place where it was seized or that it be removed to another place.
13. *Interference with Seized Product or Thing.* Unless authorized by an officer, no person shall remove, alter or interfere in any manner with any tobacco, tobacco product or other thing seized.
14. *Forfeiture.* A product or thing may be forfeited if:
 - (a) an officer(s) have seized tobacco, a tobacco product or thing and the owner or the person in whose possession it was at the time of seizure gives a written consents to its forfeiture. The tobacco, tobacco product or thing is forfeited to the State and may be destroyed or disposed of as the Minister may direct.
 - (b) a person has been convicted of an offense under this Chapter in respect of which tobacco, a tobacco product or thing has been seized;
 - (c) an officer(s) have seized tobacco, a tobacco product or thing and no application has been made for restoration, or an application has been made but on the hearing of such appeal no order for restoration is made;
15. *Directors and officers of corporations.* Where a corporation, or such other legal entity commits an offense under this Chapter, any director or officer of the corporation, or of a legal entity who acquiesced in the offense commits an offense. In such a case the director or officer on conviction, shall be liable to the penalty provided for by this Chapter in respect of the offense committed by the corporation, or legal entity, whether or not such corporation, entity has been prosecuted.
16. *Offenses by employees or agents.* In any prosecution for an offense under this Chapter, it shall be sufficient proof of the offense to establish that the offense was committed by an employee or agent of the accused, whether or not the employee is identified or has been prosecuted for the offense.
17. *Evidentiary proceedings.* In a prosecution for a violation of this Chapter:
 - (a) information on a package indicating that it contains a tobacco product is, in the absence of evidence to the contrary, proof that the package contains a tobacco product; and
 - (b) a name or address on a package purporting to be the name or address of the person by whom the tobacco product was manufactured is, in the absence of evidence to the contrary, proof that it was manufactured by that person.

§ 32.22. Regulations

Pursuant to this Chapter and upon recommendation from the Board, the Minister may duly make regulations for:

1. prescribing anything required by this Chapter to be prescribed;
2. prohibiting anything required by this Chapter to be prohibited;

3. the better carrying out of the objects and requirements of this Chapter.

§ 32.23. Transition

Notwithstanding any other provision of this Chapter to the contrary, a person who, immediately prior to the commencement of this Chapter, was:

1. a manufacturer, importer, exporter, distributor or retailer of any tobacco product; or
2. the owner or manager of any premises contemplated by this Chapter, shall, within six months of such commencement, comply with the requirements of this Chapter.

§ 32.24. Sanctions

1. Any person convicted of an offense under this chapter for which no other penalty is provided shall be liable to a fine not exceeding five hundred United States dollars or its equivalent in Liberian dollars, or to imprisonment for a term not exceeding six months, or both.
2. The Minister may, upon the advice of the Board, make regulations establishing the amount of other penalties for violations of this Chapter for which a sanction has not been specifically provided. Such sanctions may be civil or criminal and shall include, but not be limited to:
 - (a) forfeiture of seized property,
 - (b) disposal or destruction of seized property,
 - (c) restoration,
 - (d) a combination of (a) to (c).

Chapter 33. POISON CONTROL

§ 33.1. Definitions

§ 33.2. Permit required for dealing in poisons

§ 33.3. Requirements for poison dealer's permit

§ 33.4. Storing of poisons and display of permit

§ 33.5. Labelling of containers

§ 33.6. Restrictions on sales by manufacturing chemists and wholesalers

§ 33.7. Safety inquiry to be made on sale at retail

§ 33.8. Records of poison sales to be kept by dealers

§ 33.9. Revocation or suspension of permits

§ 33.10. Poison schedule to be made by the LMHRA

§ 33.1. Definitions

1. “**Poison**” means a substance that can intrinsically cause severe organ damage or death if ingested, breathed in, or absorbed through the skin.

§ 33.2. Permit required for dealing in poisons

No person, other than a licensed pharmacy or hospital dispensary, which shall otherwise be bound by the provisions of this chapter, shall deal in any of the poisons listed on the schedule provided for in Section 33.9 or on any amendment thereto, without a permit issued therefor by the Liberian Medicines and Health Products Regulatory Agency (LMHRA).

§ 33.3. Requirements for poison dealer's permit

To qualify for a permit to deal in poisons, and with respect to the annual renewal of such a permit, an applicant shall file an application with the LMHRA on the form prescribed therefor and submit evidence of the applicant's good character, ability to read and write English and understanding of the dangerous properties of the poisons for which a dealer's permit is being applied for. Such evidence shall be submitted for all individual members if applicant is a partnership or for all of its officers, if an association or corporation. The application shall be signed by the applicant and such signature shall constitute an agreement that the permittee assumes responsibility for the conduct of the dealings in poisons under the permit to be issued in accordance with the requirements of this chapter. The signature of a partner or of a principal officer, as the case may be, shall suffice for such purpose where the applicant is not an individual person. The Liberia Medicine and Health Products Regulatory Authority may limit the kinds of poisons to be dealt in by the permittee and shall not issue a permit unless, on the basis of the application and investigation thereunder, they are satisfied that the applicant is sufficiently competent and responsible as to assure that the public health will not be jeopardized and that the provisions of this chapter with reference to dealings in poisons will be met. A separate permit is required for each of the following types of operations: (1) manufacturing chemist, (2) retail dealer. No wholesale dealer or manufacturing chemist shall engage in dealing at retail unless the retail establishment is separate and distinct from the wholesale or manufacturing establishment and a separate permit has been obtained therefor.

§ 33.4. Storing of poisons and display of permit

The poisons for which a dealer's permit has been issued shall be stored under lock and key and kept separate and apart from non-poisonous substances. The permit shall be conspicuously displayed at all times at the location where the substances permitted to be dealt in thereunder are stored.

§ 33.5. Labeling of containers

1. *For sale at retail.* It shall be unlawful for any person to sell at retail or to furnish any of the poisons listed on the schedule provided for in Section 33.9 or on any amendment thereto, without affixing or causing to be affixed to the immediate bottle, box, vessel or package in which it is sold, a label with the name of the article, the word "Poison" distinctly shown thereon and the name and place of business of the seller, all printed in red ink and a standard danger sign, together with the name of such poisons printed or written thereupon in plain legible characters and where practicable, the name of at least one suitable antidote.
2. *For wholesale distribution.* Manufacturing chemists and wholesale dealers in poisons shall affix or cause to be affixed to every bottle, box, parcel or outer enclosure of any original

package containing any of the poisons listed on the schedule provided for in Section 33.9 or on any amendment thereto, a suitable label or brand with the word "Poison" plainly and legibly printed upon it in red ink and a standard danger sign.

§ 33.6. Restrictions on sales by manufacturing chemists and wholesalers

Manufacturing chemists and wholesale dealers holding permits to deal in poisons shall sell such poisons only to licensed physicians, dentists, veterinarians, pharmacies, hospital dispensaries and to persons holding retail dealer poison permits.

§ 33.7. Safety inquiry to be made on sale at retail

A holder of a retail poison dealer permit shall not deliver any poison listed on the schedule provided for in Section 33.9 or on any amendment thereto unless satisfied that the purchaser is aware of its poisonous character and that the poison is to be used for a legitimate purpose.

§ 33.8. Records of poison sales to be kept by dealers

Every holder of a permit to deal in poisons who disposes of, sells, or furnishes any poison listed on the schedule provided for in Section 33.9 or on any amendment thereto, shall before delivering such poison, enter in a book kept for that purpose the date of sale, the name and address of the purchaser, the name and quantity of the poison, the purpose for which it is purchased and the name and address of the dispenser. Such poison record shall always be open for inspection by the proper authorities and shall be preserved for at least two years after the last entry. The provisions of this Section shall not apply to the dispensing of poisons by way of prescription.

§ 33.9. Revocation or suspension of permits

Poison dealer's permit may be revoked or suspended by the Liberia Medicine and Health Products Regulatory Authority (LMHRA) for violation of the provisions of this chapter.

§ 33.10. Poison schedule to be made by LMHRA

The Managing Director, with all convenient speed after the effective date of this title, shall -- in consultation with the Minister of Health -- adopt by regulation to be officially published -- a schedule of poisons which may be dealt in under the provisions of this chapter. The schedule may be amended and supplemented by the LMHRA from time to time as necessary, the regulations for which shall also be officially published.

PART VI

NONCOMMUNICABLE DISEASES

Chapter 34. CONTROL OF NON-COMMUNICABLE DISEASES

§ 34.1. *Definitions*

§ 34.2. *Responsibilities of the Ministry*

§ 34.1. **Definitions**

In this Chapter or regulations made pursuant to it:

1. “**Non-communicable diseases**” mean noncontagious diseases and include, but are not limited to, cancer, diabetes, cardiovascular diseases, obesity, malnutrition, hypertension, conditions arising from road traffic accidents, environmental and work place hazards, etc.

§ 34.2. **Responsibilities of the Ministry**

The Ministry shall collaborate with the ministries of Education, Youth & Sports, Transport, Public Works and other relevant agencies of Government and NGOs to make regulations, formulate and lead programs aimed at controlling non-communicable diseases and injuries as well as educating the public on the causes of non-communicable diseases (particularly the importance of exercise, proper dieting and the adverse effects of alcohol abuse and tobacco use). It shall be the responsibility of the Ministry of Health to provide facilities for screening, early detection and management of non-communicable diseases and for the promotion of public health.

PART VII

VITAL STATISTICS: DISPOSAL OF HUMAN REMAINS

Chapter 35. REGISTRATION OF BIRTHS AND DEATHS; BURIAL PERMITS

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§ 35.24. *Authorization of immediate burial by County Health Team*

§ 35.25. *Time limit for burials or other disposition*

§ 35.26. *Subsequent permit procedure; person in charge of burial premises present*

§ 35.27. *Subsequent permit procedure; no person in charge*

§35.28. *Forms*

Subchapter A. Administration and General Provisions

§ 35.1. Definitions

1. The following words and phrases, as used in this chapter, shall have the following meanings, unless the context otherwise requires:
2. “**Birth**” refers to “**Live Birth**” which is defined as the complete expulsion or extraction from its mother a product of conception, irrespective of the duration of pregnancy, in which, after such expulsion or extraction, there is breathing, beating of the heart, pulsation of the umbilical cord, or unmistakable movement of voluntary muscle, whether or not the umbilical cord has been cut or the placenta is attached.
3. “**Birth Registration**” is the process by which a child’s birth is recorded in the Civil Register by the responsible government authority.
4. “**Birth Certification**” the process in which an official document is issued to record a person's birth, including such identifying data as name, gender, date of birth, place of birth, and parentage and filed in the office of the Principal Registrar or Registrar. It is also an official document issued to record a person's birth, including such identifying data as name, gender, date of birth, place of birth, and parentage, and filed in the office of the Principal Registrar or Registrar;
5. “**Burial permit or cremation permit**” means a permit to bury, cremate, remove or otherwise dispose of a dead body.
6. “**cemetery**” means land set apart or used as a place for the interment or other disposal of dead bodies, and includes a vault, and mausoleum;
7. “**cemetery owner**” includes the manager, superintendent, caretaker or other person in charge of a cemetery;
8. “**certificate**” means a certified extract of the prescribed particulars of a registration filed in the office of the Registrar;
9. “**cremation**” means disposal of a dead body by incineration in a crematorium;
10. “**Current Birth Registration**” is the process by which a child’s birth is recorded in the Civil Register by the responsible government authority within fourteen days of birth occurrence.

11. **“Delayed Birth Registration”** is the process by which a child’s birth is recorded in the civil register by the responsible government authority after one year of the birth occurrence.
12. **“Delayed death registration”** is the process by which a death is recorded in the Civil Register by the responsible government authority one year after the death occurrence.
13. **“Late Birth Registration** is the process by which a child’s birth is recorded in the Civil Register by the responsible government authority after fourteen days but before one year of birth occurrence.
14. **“Married”** refers to a person who was, prior to the birth of the child in respect of whose birth an application for registration is made under this Title, was lawfully married.
15. **"occupier"** means the person occupying any dwelling, and includes the person having the management or charge of any public or private institution where persons are cared for or confined, and the proprietor, manager, keeper or other person in charge of a hotel, inn, apartment, lodging-house or other dwelling or accommodation;
16. **Principal Registrar”** means the Director of the Office of Vital Statistics. A Government official with the responsibilities for the registration and certification of births and deaths.
17. **"Registrar"** refers to the Principal Registrar and includes the Deputy Principal Registrar and any person appointed to perform the functions of the Deputy Principal Registrar during his/or her absence or incapacity;
18. **"Stillbirth"** any pregnancy terminated after the twentieth week in which the product of conception after complete separation from the mother does not show evidence of life, such as breathing, beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, regardless of whether the pregnancy terminates spontaneously or by surgical intervention or whether the termination was therapeutically or otherwise induced.

§ 35.2. Office of vital statistics established; Principal Registrar

There is hereby established in the Ministry of Health an Office of Vital Statistics which shall be charged with the administration of uniform registration of births and deaths occurring in Liberia and the permanent and safe preservation of all records received or made with respect thereto in accordance with the provisions of this chapter. The Office shall be headed by a Principal Registrar of Vital Statistics who shall be appointed by the Minister.

§ 35.3. Minister to establish registration districts; appointment of registrars

For the purpose of facilitating the registration of births and deaths occurring in Liberia, the Minister shall divide the Republic into appropriate registration districts. He or she shall then designate conveniently located registry offices therein and direct for what areas and for what parts of the territorial waters of Liberia each such office shall serve and shall appoint such registrars of Vital Statistics and assistants to staff the offices as may be necessary. Whenever feasible, the office of the Local Authority shall be so designated and the member thereof performing the duties of town clerk shall be appointed as Registrar.

§ 35.4. Duties of Principal Registrar

The Principal Registrar of Vital Statistics subject to the authority and direction of the Minister; shall have general supervision over all vital statistics of the Republic and in furtherance of the function shall have the duty and power to:

1. Ensure that suitably equipped offices for the permanent and safe preservation of all records received or made under the provisions of this chapter;
2. Prepare and issue such detailed instructions as may be required to procure the uniform observance of the provisions of this chapter and the maintenance of a good system of registration;
3. Examine original vital statistics reports, the register copies thereof and all other documents as soon as received from the local Registrars, and if any such are incomplete or unsatisfactory, require such further information to be supplied as may be necessary to make the record complete and satisfactory;
4. Arrange and permanently preserve the original reports and other documents received in a systematic manner;
5. Arrange and maintain as a national registry, the register copies of the vital statistics reports received from local Registrars;
6. Prepare and maintain a complete electronic or printed national index (database) of all births, deaths, and fetal deaths registered; the index (database) to be arranged, in the case of deaths, by the names of decedents and for births and fetal deaths, by the names of fathers, or the names of mothers if the names of fathers are unavailable or withheld;
7. Compile as soon as possible after the expiration of every calendar year, a summary of the births and deaths of the past year including a general report on the increase or decrease of the population so far as such information can be gathered from the vital statistics returns received from local Registrars.

§ 35.5. Duties of Registrars

Registrars of Vital Statistics shall have the following duties:

1. To supply blank forms of vital statistics reports to such persons as require them;
2. To examine each report of birth or death when presented for record in order to ascertain whether or not it has been made out in accordance with the provisions of this chapter and the instructions of the Principal Registrar;
3. To number consecutively the reports of births, death and fetal death presented for record in three separate series, beginning with number one for the first birth, the first death and the first fetal death in each calendar year, noting over his signature the date of filing of each report;

4. To make a complete and accurate copy of each birth, death and fetal death report presented for record and arrange and preserve such copies in a systematic manner in the registers supplied for that purpose, making and keeping for reference, alphabetical indexes of the respective registers of births, deaths and fetal deaths;
5. To transmit to the Principal Registrar as soon as feasible, all duplicate copies of vital statistics reports presented for record and a duplicate copy of the register entry thereof;
6. To issue burial permits in accordance with the provisions of this chapter and when returned in due course to file the permit to each burial to be presented permanently as the local record in such manner as directed by the Principal Registrar.

§ 35.6. Vital Statistics forms to be supplied Registrars by Principal Registrar

The Principal Registrar shall prepare, print and supply to all Registrars the necessary reports, registers, indexes (database), records and other documents relating to the registration of births, deaths and burials, such forms shall from time to time be prescribed as required. The suggested forms which the Principal Registrar shall provide are appended to this chapter and the Principal Registrar may vary the forms as required.

§ 35.7. Correction of records because of errors; application and approval; accompanying documents

1. *Clerical errors only corrected by Registrar.* Any clerical error in a vital statistics report, if discovered at or before the time of making the register entry, shall be corrected then by the Registrar. No other correction or alteration shall be made of any vital statistics report or in any register except upon the written authority of the Principal Registrar and upon adequate inquiry by him or her.
2. *Application to Principal Registrar for errors in substance; who may apply.* Principal Registrar may approve the amendment of a birth, fetal death or death report required because of a substantial error therein. Application shall be made on a form furnished by him or her. The application for amendment of a birth report shall be made by the parents or surviving parent or by the guardian of the person whose birth report is to be corrected, or by the person himself or herself if he or she is 18 years of age or over. The application for amendment of a death or fetal death report shall be made by the next of kin, or if there is no next of kin, by the persons authorized to arrange for burial of the remains.
3. *Supporting evidence required.* Every application for amendment shall be accompanied by supporting documentary evidence and, except where the amendment concerns a birth report filed within one year before the application, by a certified copy of the report involved. An application for amendment of a birth report if made within one year of the reporting of the birth, may, however, be accompanied by a certificate of birth registration instead of a certified copy of the birth report.
4. *Standards for Principal Registrar's approval.* No application for amendment shall be approved unless the Principal Registrar is satisfied that the evidence submitted shows the true facts and that an error was made at the time of preparing and filing of the report, or that the name of a person named in a birth report has been changed pursuant to court order.

§ 35.8. Methods of making amendment for errors and adding missing information to vital statistics reports

1. *Amendments.* Except as provided in Section 35.16, when an application for amendment of a vital statistics report is approved, a single line shall be drawn through the information subject to amendment and the correct information shall be inserted immediately above it. The report shall be marked to show that it is amended and the name of the person approving the amendment and the data thereof shall be noted on the report. When the name of a person is changed pursuant to court order, the new name shall be similarly inserted on the report together with a statement that the change of name is by court order and the date of the order.
2. *Missing information.* Within one year following the filing of a birth, fetal death or death report, any missing information shall be added upon submission of the information on a form furnished by the Principal Registrar by any person authorized to file an application for amendment pursuant to the provisions of Section 35.7(2). After one year following the filing of a vital statistics report, however, missing information shall be added only upon approval of an application for amendment in the manner specified by the provisions of Section 35.7.

§ 35.9. Inspection of registers and certified copies; fees

1. *Availability.* Upon payment of the fees as may be prescribed by regulation, a person may inspect any entry or search the vital statistics registers and indexes in any registry office, or in the office maintained by the Principal Registrar, on any legal governmental working day between the hours of 8 a.m. and 4 p.m. The searches in the office of the Principal Registrar shall consist of general searches and particular searches. A "general search" is a search during any number of successive hours during a day without stating the object of the search and a "particular search" means a search of records for any given entry over any period not exceeding five years.
2. *Certifications.* A certified copy of any entry in the vital statistics registers maintained in registry offices or in the office of the Principal Registrar may be obtained by any person on request upon payment of the fee prescribed by regulation therefor. Every such certified copy shall be exact of the entry in the register; the certification shall be in the form prescribed by the Principal Registrar.
3. *Fees.* The Office of Vital Statistics shall, by regulation, prescribe fees to be charged for making an inspection or search of vital statistics registers and indexes and for certified copies of entries:
 - (a) For each inspection of any entry in any register or for each search of registers and indexes in any registry office
 - (b) For every general search in the indexes and registers maintained by the Principal Registrar
 - (c) For every Particular search in the indexes and registers maintained by the principal registrar
 - (d) For a certified copy of an entry in a register

§ 35.10. Vital statistics records as evidence

Any copy of a vital statistics record of a birth or of a death or any certificate or registration of any birth, when properly certified by the local Registrar or the Principal Registrar, shall be prima facie evidence of the facts therein stated in all courts and places and in all actions, proceedings or applications, judicial, administrative or otherwise, and any such certificate of registration of birth shall be accepted with the same force and effect with respect to the facts therein stated as the original record of birth or a certified copy thereof.

§ 35.11. Penalty for false vital statistics statement or destruction of books

Every Person who shall willfully register or permit to be registered any false statement, knowing it to be false, or who shall willfully destroy or permit to be destroyed any original vital statistics record or document or any entry in any vital statistics register book, or shall willfully or carelessly destroy, injure, mutilate, deface or lose any index or register book used for the purpose provided for in this chapter shall be punished in accordance with Chapter 12 subchapter B of the Penal Law.

§ 35.12. Determination & collection of fees

1. The Office of Vital Statistics shall have the authority to, by published regulation, determine and collect reasonable fees for the issuance of birth and death certificates. These fees, however, shall not prevent children below the age of 13 from receiving the birth certificate they are entitled to under Section 35.13 if their families are unable to pay.
2. The Office of Vital Statistics shall keep up-to-date and accurate accounting and financial records all fees so collected. Such records shall conform to laws, applicable statutes and regulations.
3. For the purpose of this Section, the Office's records so generated shall be subject to the audit by the General Auditing Commission.

Subchapter B. Registration of Births

§ 35.13. Reporting requirements

1. *When and where reports are to be made.*
 - (a) The birth of each child born alive in the Republic shall be registered within fourteen days after the date of birth by filing with the Registrar of the district in which the birth occurred a report of such birth.
 - (b) The Principal Registrar shall provide to community leaders, traditional health attendants, clinics and hospitals, forms which parents can use to give notification of birth of their children.
2. *Persons required to make reports.* In each case where a physician, midwife or person acting as a midwife, was in attendance upon the birth, it shall be the duty of such Physician, midwife, or person acting as such midwife, to file the report of the birth. Where there is no physician, midwife or person acting as midwife in attendance upon the birth, it shall be the duty of the

father or mother of the child, the householder or owner of the premises where the birth occurred, or the director or person in charge of the public or private institution where the birth occurred, each in the order named, within fourteen days after the date of such birth, to inform the local Registrar of the fact of such birth and to file the required report thereof.

3. *Birth Registration and Certification, Eligibility*

- (a) Every infant born in Liberia is entitled to birth registration and certification, regardless of parents' nationality and socio-economic status or whether the application is for current, late, or delayed birth registration.
- (b) Persons born at sea or on aircraft shall be registered in Liberia provided they are born in Liberian territorial waters or in Liberian air space.
- (c) Persons born at sea or on aircraft outside Liberian territorial waters or outside Liberian air space shall only be entitled to registration and certificate if the first port of call they encounter after the birth is in Liberia.

4. *Birth Registration and Certification Ineligibility*

The following individuals are not to be registered and certificated:

- (a) Children born to Liberian parents abroad are not entitled to registration and certification in Liberia but the country of their birth.
- (b) Children born in areas deemed outside of Liberia's territorial control as per the determination of international law, specifically diplomatic missions and areas granted equivalent territoriality, except where no provision exists for their registration in that extraterritorial jurisdiction;
- (c) A child born outside of Liberia at a foreign embassy or consulate, United Nations mission and diplomatic mission station shall not be registered or certificated. Such child, upon the submission of a valid birth certificate issued by the nation where the birth occurred, is however entitled to a statement that the records have been examined and are to be considered a substitute for the registration and certification done by the office of the Principal Registrar to facilitate the acquisition of other national documents (e.g.: passport, national identification card, etc).
- (d) Children without given and family names, mother's name, age, date of birth and place of birth, except children who are wards of the state in which case the government will provide the needed information through a public welfare officer.

5. *Registration of births of findings - Birth registration of deserted new-born child*

Any person who finds any living new-born child deserted, shall forthwith report such findings to the nearest public welfare official, who shall make proper provision for care for the child and thereafter, if the parents are unknown, register the birth. The report of the findings of the child made by such public welfare official shall be filed with the local Registrar and shall constitute the birth record of such child. The district wherein such child was found shall be considered as the place of birth and the date of birth shall be determined by the public welfare official as the approximate date of birth. If, however, such child is subsequently identified and it should appear that a report of birth for this child has either before or following identification been filed, as otherwise provided herein, the report of the

public welfare official and the register entries made thereof shall be placed under seal by the Principal Registrar and separately filed. Such seal is not to be known except upon an order of a court of competent jurisdiction.

§35.14. No limitations in reports of children born out of wedlock

There shall be no specific statement on a birth report as to whether a child is born in wedlock or out of wedlock or as to the marital name or status of the mother. Every child shall have the right to be registered whether born in wedlock or out of wedlock. The name of the putative father of a child born out of wedlock shall not be entered on the report of birth without the putative father's consent in writing, duly verified by him and filed with the record of birth. In the event the consent in writing of the putative father is not given, the particulars relating to the putative father other than his name may be entered.

§35.15. Registrar to furnish certificate of registration to informant; delivery to parents or guardian

Upon the completion of the registration of any birth, the Registrar shall furnish to the informant without charge a certificate of registration of birth, to be made out on a form furnished by the Principal Registrar. The informant, if not the father, mother or guardian of the child, shall promptly deliver such certificate to the father, mother, or guardian.

§35.16. Correction of birth records because of subsequently occurring events; methods of filing new birth reports, and disposition of original reports

1. *Applicable circumstances.* A new birth report shall be filed by the Principal Registrar in his or her office in the following circumstances:
 - (a) When proof is submitted to the Principal Registrar that the previously unmarried parents of a child have inter-married subsequent to the birth of such person; or
 - (b) When notification is received by the Principal Registrar from the clerk of a court of competent jurisdiction or proof is submitted of a judgment, order or decree relating to the parentage of the person involved; or
 - (c) When notification is received by the Principal Registrar from the clerk of a court of competent jurisdiction or proof is submitted of a judgment, order or decree relating to the adoption of the person involved;
 - (d) When a putative father of a child consents under oath to the filing of a new birth report bearing his name as the father of the child born out of wedlock.
2. *Substitution of new register entries.* When a new birth report is filed pursuant to the provisions of Subsection (1), the Principal Registrar shall substitute in place of the original entry in the national register a new register entry in conformity with the new birth report and shall send an authorization and a duplicate copy of the new register entry to the appropriate Registrar for substitution in the local register.

3. *Sealing of original records.* When a new birth report is filed pursuant to the provisions of Subsection (1), the application for the filing of a new birth and the supporting documents, the original birth report and copy of the national register entry thereof shall be placed under seal by the Principal Registrar and separately filed and such seal shall not be broken except by order of a court of competent jurisdiction. Similarly, the Registrar who is authorized to make the substitution for the original local register entry shall abstract such entry and place it under seal after substituting the copy of the new register entry in place thereof in the local register. The seal shall not be broken except by order of a court of competent jurisdiction. Thereafter, when a certified copy is requested of the birth report of the person for whom a new birth report has been filed pursuant to the provisions of this Section, a certified copy of the new birth report or the new register entry thereof shall be issued, except when an order of a court of competent jurisdiction requires the issuance of a certified copy of the original report or register entry.

§35.17. Delayed registration of births

1. *Application procedure.* When a birth is not recorded in the birth records required to be maintained by the Principal Registrar and the local Registrars before the end of the calendar year following the year in which the birth occurred, it may still be registered with the approval of the Principal Registrar. Application for such delayed registration shall be made on a form furnished by the Principal Registrar by the parents or surviving parent, or by the guardian of the person whose birth is to be registered, if he/she is a minor, or by the person himself/herself if he/she is eighteen years of age or over. The application shall be accompanied by the following:
 - (a) A certified statement issued by the Principal Registrar that a search was made for the record of birth in question and that such record was not found;
 - (b) A report of birth on a delayed registration form prescribed and furnished by the Principal Registrar. The report shall state the facts relating to the birth as of the date of birth and shall be signed by the physician, midwife, or person acting as a midwife who attended at the birth, or if the physician, midwife or person acting as a midwife is dead or not available, or if there was no such person in attendance, it shall be signed by the person in charge of the hospital or maternity clinic in which the birth occurred or by the parents or surviving parent, or by the guardian of the person whose birth is to be registered. If none of these persons is alive or available and the person whose birth is to be registered is eighteen (18) years of age or above, he shall sign the report himself or herself; and
 - (c) Such documentary and other evidence as will establish to the satisfaction of the Principal Registrar the facts and date of birth as alleged in the application. The burden of submitting convincing proof rests with the applicant.
2. *Certificate of registration of birth to be furnished on approval of application.*

When an application for delayed registration form is filled pursuant to the provisions of this Section, the Principal Registrar shall issue and furnish to the applicant in exchange for the certified statement submitted pursuant to Subsection (1)(a), a certificate of registration of birth.

§35.18. Penalty for failure to report a birth

Every person responsible under the provisions of this chapter who purposely or knowingly fails to report the birth of a child within the time limit fixed by such Section, where the facilities are available for such reports, shall be liable to a civil penalty as prescribed by regulation.

Subchapter C. Registration of Deaths, Including Fetal Deaths

§35.19. Reports of death; when and where made; persons responsible for reporting

1. When a death occurs in the Republic, it shall be reported to the Registrar of the district in which the death occurs or the remains are found. The report shall be made upon a form prescribed by the Principal Registrar for that purpose. The following persons shall be responsible for registering a death within twenty-four hours of its occurrence: the relatives of the deceased present at the death; or if no relatives are present, then the other persons present; or if no relatives or other persons are present, and if the death occurred in a house to the knowledge of the occupier, then such occupier, or if the death occurred on a bus, train, ship or airplane, then the person in charge or the owner of such bus, train, ship or airplane. When the body of a person who has died unattended is found, the person finding the body shall be responsible for reporting the death without delay.
2. *Death Registration and Certification Ineligibility.* The following deaths are not to be registered and certified:
 - (a) The death of a Liberian abroad shall not be registered and certified in Liberia but rather in the country in which that death occurred.
 - (b) Deaths occurring in areas deemed outside of Liberia's territorial control as per the determination of international law, specifically diplomatic missions and areas granted equivalent territoriality, except where no provision exists for their registration in that extraterritorial jurisdiction;
 - (c) A death outside of Liberia at a foreign embassy or consulate, United Nations mission and diplomatic mission station shall not be registered and certified in Liberia but rather in the country of occurrence.
 - (d) Deaths without identification except those certified by the government and information provided by the Liberia National Police.

§35.20. Preparation of register entry: form and content

The Registrar to whom a death is reported shall prepare a register entry thereof in duplicate. The register entry shall contain such information and shall be in such form as the Principal Registrar shall prescribe. The personal and statistical particulars required shall be obtained from a competent person acquainted with the facts and qualified to supply them and shall be inscribed on the register entry together with the name and address of the informant. The Registrar by notice in writing may summon any person with knowledge of the personal and statistical particulars required to attend personally at the registry office to supply them. The cause of death,

as stated in the medical report supplied by the physician who attended the deceased during his/her last illness, where death is from natural causes, or by the coroner or the medical practitioner assisting him/her, when the coroner assumes jurisdiction of the remains pursuant to the provisions of chapter 7 of the Criminal Procedure Law, shall be set forth in the register entry together with the name and address of the certifying physician. The register entry shall further contain the facts relating to the disposition of the remains obtained from the statement thereof made by the person in charge of the place where the burial or other disposition took place, to be delivered to the Registrar by the funeral director, undertaker, or other person in charge of the burial.

§35.21. Medical reports of death

1. *Death from natural causes; physician in attendance.*

When death occurs from natural causes and a licensed physician attended the decedent during his last illness such physician shall deliver, within eighteen hours of the time of death, to the person required to report the death a medical report on a form prescribed by the Principal Registrar, provided that such physician visits the scene of death, views the body of the decedent after death and certifies that he or she has found no evidence of suspicious or unusual circumstances. The person to whom such report is delivered shall deliver it to the appropriate Registrar.

2. *Registration of cause of death when jurisdiction is assumed by coroner.*

When a death is investigated pursuant to the provisions of chapter 7 of the Criminal Procedure Law, the coroner conducting the investigation, not later than twenty-four hours from the conclusion thereof, shall forward to the appropriate Registrar a certified copy of his/her finding or that of any medical practitioner assisting him/her, concerning the cause of death. The report of the coroner shall be forwarded although based on his/her own examination or that of any medical practitioner assisting him/her in the post mortem examination, he/she dispenses with a formal inquest.

3. *Medical report of cause of death to be filed before embalming of remains.*

Except for burials permitted under the provisions of Section 35.24, no embalmment of human remains shall be performed until after such time as the cause of death shall have been ascertained and a medical report thereof filed with the appropriate Registrar as provided for hereunder.

§35.22. Registration of fetal deaths, when and how reported; persons responsible for report

1. *Definition.* **“Fetal death”** means any terminated pregnancy, other than by abortion, regardless of its duration, in which the product of conception, after complete separation from the mother, does not show evidence of life, such as breathing, beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, regardless of whether the pregnancy terminates spontaneously. For the purposes of this chapter, a fetal death shall be considered as a birth and as a death except that, for a fetal death, separate birth and death register entries shall not be required to be prepared and recorded.
2. *Time of making report; form and content.*

A fetal death may be reported within twenty-four hours after expulsion of the fetus, by filing with the Registrar of the district in which the fetal death occurred, a report of such death. The report shall contain such information and be in such form as the Principal Registrar may prescribe. The Registrar to whom a fetal death is reported shall prepare a register entry thereof in duplicate.

3. *Delayed registration of deaths.* Registration of deaths after one year is considered as delayed registration. All delayed registration of death shall follow the same process as the regular registration with the exception of the form. The cost and requirements for late registration of death is subject to administrative regulation.
4. *Persons responsible for reporting.*

In each case where a licensed physician was in attendance at or after a fetal death, it shall be the duty of such physician to certify to the birth and to the cause of death on the fetal death report. Where a midwife was in attendance at a fetal death, it shall be the duty of such midwife to certify to the birth but she shall not certify as to the cause of death on the fetal death report. Fetal deaths occurring without the attendance of a licensed physician shall be treated as deaths without medical attendance and the report thereof shall be made by the coroner having jurisdiction in accordance with Section 35.21(2).

Subchapter D. Burial and Cremation Permits

§35.23. Permit necessary before burial, cremation or other disposition of remains

The remains of any person whose death or fetal death occurs in the Republic shall not be buried, cremated or otherwise lawfully disposed of unless a permit for burial, cremation, removal or other lawful disposition thereof shall have been properly issued by the Registrar of the registration district in which the death occurred or the body was found. Such permit shall not be issued until a medical report of the death or fetal death, or an order of a member of the County Health Team dispensing with the prior filing of such report has been filed with such Registrar as provided in Section 35.24. The permit shall be issued in duplicate. However, in case the death occurred from a disease, no permit for the removal or other disposition of the body shall be issued by the Registrar, except to a funeral director or undertaker having the necessary skill and means, to the knowledge of such Registrar, to prevent the spread of such disease.

§35.24. Authorization of immediate burial by County Health Team

If a county health director, in any case not covered by the provisions of chapter 7 of the Criminal Procedure Law, considers it necessary in the interests of public health, he may authorize the immediate burial of the remains of a deceased person by written order to be signed by him/her directing the appropriate Registrar to issue a burial permit before the receipt of the medical report of a death or fetal death.

§35.25. Time limit for burials or other disposition

Upon the issuance of a permit by the Registrar, the remains of a deceased person or of a still-born child shall be buried, or cremated, or otherwise lawfully disposed of within twenty-four hours.

§35.26. Subsequent permit procedure; person in charge of burial premises present

No person in charge of any premises on which burials, cremations or other disposition of the remains of a deceased person are made shall inter or permit the internment or other disposition of any dead body unless it is accompanied by a burial or cremation permit as provided in this part. The funeral director, undertaker or other person in charge of the burial shall deliver both duplicates of the permit to the person in charge of the place of burial or other disposition of human remains, before interring or otherwise disposing of the body. The person to whom the permit is required to be delivered shall endorse on the duplicate copies the date and place of internment, or cremation, or other disposition over his signature and deliver one of such duplicate copies to the funeral director, undertaker or other person in charge of the burial for delivery, within forty-eight hours after the funeral service, to the Registrar who issued it. He/she shall retain the other duplicate as the authority for the internment or other disposition of the remains.

§35.27. Subsequent permit procedure; no person in charge

When burying or otherwise disposing of the remains of a deceased person in a cemetery or burial place having no person in charge, the funeral director, undertaker or other person in charge of the burial shall (1) sign the burial permit, giving the date and place of burial; (2) write across the face of the permit the words "No person in charge"; and (3) file the permit within forty-eight hours after the funeral service with the Registrar who issued it.

§ 35.28. Forms

FORM A. REGISTER OF BIRTHS

NAME: _____
(Given name or names) (Surname)

Sex: _____
Male _____ Female _____

Father's Name: _____

Father's Occupation: _____

Father's Nationality: _____

Mother's Maiden Name: _____

Mother's Nationality: _____

Date of Birth: _____

Place of Birth: _____

(Give address as fully as possible: number of house, name of street, name of ward or part of town)

Signature in full, and name in full and mark duly witnessed, of informant, and relationship, if any to the child. If physician or midwife attended at birth, so state giving name and address.

Date of Registration _____ Signature of Registrar _____

FORM B. REGISTER OF DEATHS AND BURIALS

Name: _____
(Given name) (Surname)

Age: Years _____ Months _____ Days _____ Sex: Male _____ Female _____

Nationality _____

Address : _____
(No. of house) (Name of street) (Ward or part of town)

Occupation: _____

Residence at death: _____

Period of continuous residence in registration area: _____

Last place of residence before arrival in registration area; giving address in full, if obtainable:

Date of Death; _____ Cause of death: _____

Duration of illness: _____ Date of Registration: _____

Signature in full, and name in full and mark duly witnessed, of informant: _____

Full name and address of medical practitioner certifying cause of death: _____

Date and Place of burial; give name of cemetery and town: _____

Signature of Registrar: _____

FORM C. INDEX TO REGISTER OF BIRTHS

| Surname | First Name | Middle Name | Other Name(s) |
|---------|------------|-------------|---------------|
|---------|------------|-------------|---------------|

| | | | |
|------------|------|--------|--|
| Sex: _____ | () | () | |
| | Male | Female | |

Date of Birth: _____

| | | |
|--------------------------|------|------|
| No. of entry in Register | date | Vol. |
|--------------------------|------|------|

Remarks of Registration: _____

FORM D. INDEX TO REGISTER OF DEATHS AND BURIALS

| Surname | First Name | Middle Name | Other Name(s) |
|---------|------------|-------------|---------------|
|---------|------------|-------------|---------------|

| | | | |
|------------|------|--------|--|
| Sex: _____ | () | () | |
| | Male | Female | |

Date of Birth: _____

| | | |
|--------------------------|------|------|
| No. of entry in Register | date | Vol. |
|--------------------------|------|------|

Remarks of Registration: _____

FORM E. FORM OF CERTIFICATE CERTIFYING AUTHENTICITY OF COPY OR ENTRY IN REGISTER

I _____ Registrar of Vital Statistics for the _____ area in the Republic of Liberia do hereby certify that the foregoing is a correct copy of the entry in the Register of Births (or Deaths and Burials) kept by me as provided for by the Public Health Law, showing that _____ was born (or died) at _____ on the _____ day of _____ 20 _____.

Dated at _____ in the district of _____ this _____ Day of _____ 20 _____

(L.S)

Registrar

I _____ Principal Registrar of Vital statistics of the Republic of Liberia do hereby certify that the above signature is the handwriting of _____ Registrar of Vital Statistics for the _____ area in Liberia.

Given under my hands and seal at _____ in the Republic of Liberia, this _____ day of _____ 20_____.

(L. S.)

Principal Registrar

I hereby certify that _____ who has signed above is the Principal Registrar of Vital Statistics of the Republic of Liberia and the signature _____ is in the proper handwriting of the said _____ in testimony whereof I have hereunto set my hands and affixed my official seal this _____ day of _____ 20 _____

(L. S.)

Minister of Health, R. L.

FORM F. REGISTRAR'S SUMMONS TO APPEAR AND TESTIFY

To: _____ of _____

You are hereby required to appear before me, the undersigned registrar of Vital Statistics at _____ on _____ day of _____ 19____, at _____ o'clock in the _____, then and there to testify of your knowledge concerning the _____ of _____

Herein. Fail not attend, for in default you will be held liable to a civil penalty as prescribed by regulation # _____.

Given under my hands this _____ day of _____ 20_____.

Registrar

FORM G. CERTIFICATE OF REGISTRATION OF BIRTH

I _____ Registrar of Vital Statistics at _____ in the Republic of Liberia do hereby certify that I have this day registered the birth of _____
Born at _____ child of _____ and _____

Witness by me this _____ day of _____ 20_____.

Registrar

*(Insert the names of the parents of the child if legitimate, or of only the mother, if the child is illegitimate.)

FORM H. REPORT OF DEATH

Name: _____
(Given name or names) (Surname)

Age: _____ Years: _____ Months _____ days _____

Sex: Male: _____ Female: _____ Nationality: _____

Address: _____
(No. of House) (Name of Street) (Ward or Part of Town)

Occupation: _____

Residence at death: _____

Period of continuous residence in registration area: _____

Last place of residence before arrival in registration area (giving address in full, if obtainable):

Date of death: _____ Cause of death _____

Duration of illness _____

Signature in full and name in full, and mark duly witnessed, of informant and relationship (if any) to the deceased: _____

Full name and address of medical practitioner certifying cause of death: _____

Date and place of burial (give name of cemetery and town) _____

Date this form was sent to the Registrar _____

I, * _____ hereby certify the above particulars are to the best of my knowledge and belief a true and correct statement of the particulars required to be furnished with regard to the above death.

Date: _____ Signature: * _____

*(Name of person required to register the death.) If this form is sent by post, it should be under registered cover.

FORM I. MEDICAL CERTIFICATE OF CAUSE OF DEATH

I, _____ hereby certify that I have medically attended to _____ of _____ who was (a) apparently or stated to be aged _____ years; that I last or on _____ 20_____ examined the deceased; that he or she was then suffering from _____, that he or she died, as I am (b) aware or informed, on the _____ day of _____ 20_____ at the hour of (c) _____ and that the cause of death was to the best of my knowledge and belief as herein stated, viz:

Primary cause: _____

Secondary cause: _____

- (a) Omit "apparently" or "or stated to be" as the case may be.
- (b) Omit "aware, or "informed. Use "informed" when hour of death is known from report.
- (c) State duration of illness if possible.

Note that by "primary cause of death" it is meant the disease or injury which initiated the train of events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury, and not a mere secondary, contributory or immediate cause, or a terminal condition or mode of death.

Date: _____

Signature: _____
Attending Medical Practitioner

FORM J. BURIAL PERMIT

This is to certify that the death of _____ of _____ has been duly registered in the Register of Death and Burials at _____ (or that I am credibly informed) that a child _____ of _____ and _____ (names of parents) was still born; and I hereby give permission for the burial of the body, _____ of fee paid.

Date: _____

Signature: _____
Registrar of Vital Statistics, R. L.

Registrar of Vital Statistics at _____, R. L.

The above body was buried on _____ in grave No. _____ in _____ Cemetery.

Person -In-Charge

N.B. The person in charge of cemetery shall retain one duplicate copy of this form and deliver the other duplicate copy to the funeral director, undertaker, or other person in charge of burial for delivery to the person in charge.

FORM K. NOTICE TO REGISTRAR BY THE LOCAL OFFICER OF HEALTH ORDERING BURIAL OF BODY

To the Registrar of Vital Statistics at _____

I, _____ the undersigned, hereby give notice that on the _____ day of _____ 20 _____, I ordered the body of _____ to be buried, immediately and direct that a burial permit be issued without the required medical report of death.

The persons responsible for registration of deaths are:
(Give names and addresses)

Signature: _____

Title: _____

FORM L. CERTIFICATE BY MEDICAL PRACTITIONER WHO WAS IN ATTENDANCE AT THE BIRTH THAT CHILD WAS STILL-BORN

I, the undersigned, a licensed physician, hereby certify that I was present at _____ on the _____ day of _____ 20 _____ when _____

(if child was born in wedlock, wife (widow) of _____ of _____) gave birth to a male/female child; that the said child was not born alive.

Dated at _____ the _____ day of _____ 20____.

Signature: _____

Address: _____

**FORM M. CERTIFICATE THAT CHILD WAS STILL-BORN BY A
CORONER**

I, the undersigned, Coroner of _____ County, do hereby certify that I have examined the body of a male (female) child which I am informed and believed was born to _____ of _____ (if child was born in wedlock; wife (widow) of _____ of _____ on the _____ day of _____ 20 _____ and that in my opinion, the said child was not born alive.

Dated at _____ on the _____ day of _____ 20 _____.

Signature: _____

Address: _____

FORM N. DECLARATION BY INFORMANT THAT CHILD WAS STILL-BORN

(To be used when neither a licensed physician nor coroner available)

I, the undersigned, hereby declare that a male (female) child was born to _____ of _____ (if the child was born in wedlock) wife/widow of _____ at _____ on the _____ day of _____ 20 _____; that the said child was not born alive; that no medical practitioner was present at the birth; and that no medical certificate of the said child, not having been born alive, can be obtained.

Dated at _____ the _____ day of _____ 20 _____.

Signature of Informant: _____
(or mark duly witnessed)

Description and address of informant: _____

Chapter 36. CEMETERIES

§ 36.1. Establishment of public cemeteries

§ 36.2. Continuance of public cemeteries heretofore established

§ 36.3. Cost of maintenance of public cemeteries a Government expense

§ 36.4. Establishment of new private cemeteries

§ 36.5. Burials to be in established cemeteries

§ 36.6. Records to be kept by persons in charge of cemeteries

§ 36.7. Depth of burial

§ 36.8. Exhumation

§ 36.9. Cremation

§ 36.10. Discontinuance of public and private cemeteries or crematories

§ 36.11. Burials of bodies of destitute persons

§ 36.1. Establishment of public cemeteries & Crematories

1. The Ministry and NPHIL, in collaboration with the Environmental Protection Agency (EPA); the Land Authority; the Ministry of Public Works; and other related Ministries or agencies of Government, may designate, by duly published notice, any piece of land, either Government owned or subject to condemnation, to be a public cemetery/and or crematory. Such notice shall be issued after consultation with the County Health Administration in the area concerned and having given due consideration to the public health requirements involved, and the comfort and convenience in the present and foreseeable future, of the inhabitants of the surrounding neighborhood.
2. Such cemetery/and or crematory shall be maintained, controlled and managed by such County Health Administration in accordance with the rules and regulations made by the Minister. Parties in interest may apply to the Minister to have parts thereof appropriated for any particular purpose or purposes and if good and sufficient grounds be shown. The Minister may grant such application, which shall be conditioned upon the payment by the applicants of a fair and reasonable initial consideration for the land so appropriated and a fair and reasonable annual maintenance charge. In such event, the general supervision, maintenance and management of the public cemetery or crematory, including any part so appropriated, shall continue under the County Health Administration concerned. NPHIL shall establish, regulate and manage cemeteries for the burial of people who shall die from infectious diseases,

§ 36.2. Continuance of public cemeteries heretofore established

Public cemeteries heretofore lawfully established, which include local cemeteries, if necessary, shall be maintained, controlled, and managed by the County Health Administration having jurisdiction over the areas in which such cemeteries are located. If the whole or part of any such cemetery has heretofore been lawfully appropriated to persons of some particular category, or religious denomination, or for any purpose or purposes, such appropriation, to the extent presently designated, shall continue, subject to an order of discontinuance of such land as a cemetery as provided in this chapter.

§ 36.3. Cost of maintenance of public cemeteries & Crematories a Government expense

The cost of maintenance, control and management of public cemeteries or crematories shall be provided for in the annual budgetary appropriations of the Ministry.

§ 36.4. Establishment of new private cemeteries & crematories

No new private cemetery or crematory, and no private mausoleum, vault, tomb, grave or other place of private burial which is not within an existing cemetery shall be established without the approval of the Minister. Such approval shall take into account whether all public health considerations involved have been satisfied or provided for and that proper consideration has been given for the comfort and convenience, in the present and foreseeable future, of the inhabitants of the surrounding neighborhood.

§ 36.5. Burial or cremation to be in established cemeteries

1. *Where death occurred within Republic.* Unless a transit permit is granted for the transportation of the body of a deceased person out of the Republic for burial or other disposition, or the cremation thereof is permitted in accordance with the provisions of this chapter, the body of any person whose death occurs in the Republic or which shall be found dead therein shall be interred or cremated in a public cemetery authorized under the provisions of this chapter, or in a private cemetery or crematory lawfully established under the provisions of this chapter.
2. *Where death occurred outside Republic.* When the body of a deceased person is transported from outside the Republic into a registration district in this Republic for burial, cremation, or other disposition, the transit permit issued in accordance with the law and health regulations of the place where death occurred shall be given the same force and effect as a burial or cremation permit granted under the provisions of chapter 35 and be subject to the interment provisions of Subsection (1).

§ 36.6. Records to be kept by persons in charge of cemeteries

The person in charge of any premises on which interments, cremations or other dispositions of the body of a deceased person are made shall keep a record of all bodies interred or otherwise disposed of on the premises under his or her charge, in each case stating the name and address of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director, or undertaker, or other person in charge of the burial, which record shall at all times be open to official inspection.

§ 36.7. Depth of burial

Except with the consent of the County Health Administration having jurisdiction, no dead body shall be buried at a depth less than six feet beneath the Surface.

§ 36.8. Exhumation

No human remains shall be disinterred except upon an order of a court of competent jurisdiction which may be issued therefor, based upon a certificate of Local Authority having jurisdiction

over the place of burial setting forth the health precautions to be observed, and conditioned upon compliance with such directives.

§ 36.9. Cremation

No person shall cremate or be involved in the cremation of a human body unless a cremation permit has been issued by the Registrar of the registration district in which the death occurred or the body was found, upon the consent of the Local Authority therein and approval of the coroner having jurisdiction over the registration district. Application for such permit shall be made by the next of kin, legal representative or, where there is no next of kin or legal representative, friend of the deceased. The application shall be accompanied by an affidavit which establishes the authority of such next of kin, legal representative or friend to request cremation. The affidavit shall contain the name of the funeral director, or undertaker, or other person who is to arrange for cremation, the name of the crematory where cremation is to take place and a statement that the applicant assumes all responsibility for the cremation.

§ 36.10. Discontinuance of public and private cemeteries or crematories

Whenever a Local Authority determines that further interments in any cemetery or crematory, public or private, within the area over which it has jurisdiction, would be detrimental to the public health, it shall refer such determination to the Minister, and if the Minister finds that it is well founded he/she shall direct the local authority to cause a notice to such effect to be served on the persons owning or controlling such cemetery if private, and on the authorities responsible for the management of any portion appropriated for special categories, if public. The Minister shall also direct the local authority to placard the notice in the immediate area and publish said notice once a week for three successive weeks in two newspapers published in the area, stating therein a time and place, not less than twenty days after service and first publication of such notice, at which any party interested shall show cause why further interments or cremations in such cemetery or crematories should not be prohibited. At the time and place specified in such notice the local authority concerned shall hear all persons desiring to be heard, and if upon such hearing it appears that further interments in such cemetery or crematory will be detrimental to public health, it shall by order prohibit further interments or cremation therein. A certified copy of the order shall be filed with the Registrar of Vital Statistics of the registration district in which the cemetery or crematory is located and thereafter, subject to appeal proceedings thereon, permits for interments in such cemetery shall not be issued. Subject to any stay upon an appeal, any person who buries or cremates any dead body in such cemetery or crematory after the certified copy of the order has been filed with the Registrar shall be liable to a civil penalty prescribed by regulation.

§ 36.11. Burials of bodies of destitute persons

The Local Authorities shall be responsible for the removal and burial or cremation of bodies of destitute persons dying within the areas over which they have jurisdiction and of unclaimed bodies found therein.

PART VIII

REGULATION AND SUPERVISION OF MEDICAL AND ALLIED HEALTH PROFESSIONS

Chapter 37. GENERAL PROVISIONS & LIBERIAN HEALTH PROFESSIONS COUNCIL (LHPC)

Subchapter (A). Definitions

§ 37.1. Definitions

Subchapter B. Establishment and Functions of the Liberia Health Professions Council (LHPC)

§ 37.2. Liberia Health Professions Council (LHPC) Established

§ 37.3. Composition of the Council

§ 37.4. Appointment of Additional Members

§ 37.5. Elected Positions & tenure

§ 37.6. Powers of the council

Subchapter C. Functions of the Council

§ 37.7. Functions

§ 37.8. Jurisdiction of Council

§ 37.9. Professional Misconduct Defined

§ 37.10. Proceedings in cases of Professional Misconduct:

§ 37.11. Basis for Disciplinary Action

§ 37.12. Applicable Disciplinary Actions

Subchapter (A). Definitions

§ 37.1. Definitions

The following words and phrases, as used in this Part or regulations made thereunder, shall have the following meanings, unless the context otherwise requires:

1. **“Allied Health Practitioner/Professional”** refers to health workers (other than physicians, dentists, pharmacists, veterinarians, physician assistants, nurses, and midwives) whose work may be direct or indirect patient care or support, rehabilitation, treatment, diagnostics and health improvement interventions to restore and maintain optimal physical, sensory, psychological, cognitive and social functions. It includes pharmacy technicians, laboratory practitioners, environmental health practitioners, nurse aides, social workers, public health practitioners, dental hygienists, dietitians, medical technologists, occupational therapists, physical therapists, respiratory therapists, and others.
2. **“Council”** refers to the Liberia Health Professions Council.

3. **“Dental Surgeon”** A medical professional qualified to perform oral and dental surgery.
4. **“Diagnostic technicians or technologists”** skilled workers that work with complex systems or perform highly technical, mechanical or diagnostic tests in medical or scientific laboratories.
5. **“LBNM” means Liberian Board for Nursing & Midwifery**
6. **“LMA” means Lib Midwifrey Association**
7. **“LMDA”** Liberia Medical and Dental Association
8. **“LNA”** means Lib Nursing Association
9. **“Non-permanent member”** A member of the Council not by virtue of a position; A non-permanent member is recommended by the professional bodies.
10. **“Nurse Aid”** means a person who **is trained and licensed to** assist professional nurses, as in a **health facility**, by performing such routine tasks as making beds, serving meals, **bathing, and, sometimes, taking temperatures.**
11. **“Pharmacy Technician”** A person who has completed a course of study and is licensed to assist a pharmacist
12. **“Private Practitioner”** A medical professional who practices medicine and surgery in a private facility
13. **“Surgeon”** A medical professional who is licensed to perform surgery
14. **“Permanent member”** A member of the Council by virtue of his or her position in a Government Agency, e.g. the Chief Medical Officer(CMO) of the Ministry of Health or by virtue of the fact that the member is an agency of the government.

Subchapter B. Establishment and Functions of the Liberia Health Professions Council (LHPC)

§ 37.2. Liberia Health Professions Council (LHPC) Established

1. The Liberia Health Professions Council (LHPC) is hereby established and shall replace the Liberia Medical and Dental Council (LMDC) with its mandate and functions reviewed and updated herein as an autonomous entity of the Government of Liberia with sectorial accountability to the Minister of Health.
2. The Council shall have the authority to ensure that health regulatory bodies and institutions implement its mandates in order to protect the interest of the public.

§ 37.3. Composition of the Council

1. The Council shall comprise of 16 voting members in good standing with the Liberia Health Professions Council (LHPC) and three non-voting members from the Ministry of Finance, Ministry of Justice and a legal counsel who shall serve as legal advisor.
2. The Membership of the Council shall be constituted as follows:

- (a) The Chief Medical Officer (Deputy Minister for Health Services), Republic of Liberia
- (b) Representative of Ministry of Justice
- (c) The Director General, National Commission on Higher Education
- (d) Representative from a renown private hospital
- (e) Representative of the Ministry of Justice
- (f) Representative of the National Research Ethics Board
- (g) Representative from the Medicines and Health Products Regulatory Authority
- (h) Representative of Ministry of Finance & Development Planning, Republic of Liberia
- (i) Representative of Ministry of Education
- (j) A Legal Advisor (non-voting)
- (k) Liberia Medical and Dental Board
- (l) Veterinary Board
- (m) Liberia Pharmacy Board
- (n) Liberia Nursing & Midwifery Board
- (o) Physician Assistant Board
- (p) Liberian Diagnostic Practitioners Board
- (q) Traditional and Alternative/Complementary Medicine & Practice Board
- (r) Allied Health Practitioners Board
- (s) A Representative from civil society

§ 37.4. Appointment of Additional Members

The Council may appoint additional members if necessary to represent emerging health fields, provided the total membership does not exceed twenty-two (22).

§ 37.5. Elected Positions & tenure

The members of the Council shall elect a President, Vice President, Secretary General, and a Treasurer who shall serve for two (2) years tenure and shall be eligible for no more than two consecutive terms. The elected officials shall not serve for more than two consecutive terms. The Council shall formulate by-laws to govern its functions. The legal advisor shall have no voting powers.

§ 37.6. Powers of the council

Liberia Health Professions Council (LHPC) is a legal statutory body with its own seal and insignias and identifying symbols that distinguish it from other bodies. In the performance of its functions, the council shall have the capacity and authority to:

1. Regulate the conduct and activities of health professionals and health facilities and the health profession within the Republic of Liberia
2. Enter into contracts for the performance and enhancement of its work, including borrowing money in line with the Public Financial Management Act and soliciting grants as may be

needed for the achievement of its statutory mandate and for its operations and related purposes;

3. Hold, purchase, or otherwise acquire, secure, charge, dispose of or alienate movable or immovable property, in the course of and in furtherance of its functions and mandate;
4. Sue and be sued in its name;
5. Approve or reject regulations, policies, and methods of punishment to regulate the practices of health professionals and health facilities as presented by the Boards which does not provide sufficient justification for the said document, concept or action.
6. Devise and implement ways and means of raising funds and other assets for the Council;
7. Control, supervise and administer the assets and funds of the council in such manner and for such purposes as best supports the purpose for which the council was established;
8. Receive grants, gifts, donations, or endowments in furtherance of the betterment of the council.
9. Establish standing and ad hoc committees for the smooth operation of the Council;
10. Engage in any lawful activity relating to or incidental to the practice of the various health professions
11. The council shall levy fees from the professional boards and medical facilities to complement the operations of the secretariat.

Subchapter C. Functions of the Council

§ 37.7. Functions

The Council shall have the authority to:

1. Provide oversight for the regulation and supervision of:
 - a) the boards for Medicine & Dentistry, Veterinary Medicine, PAs, Nursing & Midwifery, Pharmacy, and all other allied health professionals in the Republic; and
 - b) issue, renew, deny, suspend revoke, limit or annul permits to health facilities within the Republic.
2. Develop and maintain an information system (process for the collection of health professionals' information, analysis, use, storage and protection of such information) inclusive of a database containing required information for all health professionals. The information generated will be published on an annual basis. The information generated will include (names, addresses, qualifications and licensing status) for health professionals and submitted to the Minister of Health.
3. Establish a coordination mechanism for health regulatory bodies and the Ministry of Health and its partners (internal and external). This will include collaboration with other regional and international bodies of similar mandate to foster partnership, information exchange and experiences

4. Serve as an advisory body to the Minister of Health on Regulation in the Health Sector relative to health care practices, training of professionals, research and other health related activities within its preview.
5. Review and endorse regulations, policies, standards, guidelines, and curriculum, tools and code of conduct developed and the procedures for enforcing them as approved by the respective health professional boards.
6. Develop policies and procedures for its operations
7. Engage in research in collaboration with professional bodies.
8. Review decisions and recommendations from all medical malpractice investigations by all health professional boards and based on its own findings shall either reverse or confirm the board's decision.
9. Establish a secretariat to manage the operations of the council
10. Organize an annual convention for all health regulatory boards.
11. For the purposes of discharging its functions under this chapter, to perform any other function or act relating to health care practice as the Minister may direct.
12. *Rules and Regulations.* The council shall develop policies, guidelines and regulations as are necessary to guide the Council's operations and to carry out the purposes and enforce the provisions of this Title. The council shall formulate by-laws to govern its functions.

§ 37.8. Jurisdiction of Council

1. The following health professionals and their respective boards shall be under the jurisdiction of the Council:
 - (a) Physicians,
 - (b) Pharmacists,
 - (c) Physician Assistants,
 - (d) Dentists,
 - (e) Nurses & Midwives,
 - (f) Public Health Practitioners,
 - (g) Diagnostic Practitioners
 - (h) Traditional, alternative/complementary medicine practitioners,
 - (i) Allied health practitioners.
2. The Council shall have the power to review the actions of any of its constituting boards. In so doing, the Council shall either uphold, modify or revise said actions.

§ 37.9. Professional Misconduct Defined

Each of the following shall constitute professional misconduct and any practitioner or violator found guilty of any professional misconduct under the procedures prescribed in this Section shall be subject to the sanctions prescribed in Section 37.12 as follows:

1. Fraudulently obtaining a license by misrepresentation, or other unlawful means;
2. Fraudulently practicing a medical or profession beyond the authorized scope;
3. Practicing the profession under the influence of alcohol, drugs or being physically or mentally incapacitated;
4. Being a habitual user of narcotics, barbiturates, amphetamines, hallucinogens and other drugs having similar effects;
5. Knowingly permitting, aiding, abetting or facilitating an unlicensed person to perform activities that require a license;
6. Practicing as a health professional or other allied health professional on a suspended license or otherwise invalid license;
7. Falsification of medical records and reports;
8. Performance of prohibited abortions as provided by Section 49.6 of this title;
9. Engaging in acts of gross incompetence or gross negligence on a single occasion or negligence or incompetence on more than one occasion;
10. Refusing a client or patient service because of race, creed, color, ethnicity, nationality, indigence and illness or infection;
11. Releasing confidential information without authorization;
12. Failing to return or provide copies of records on authorized request;
13. Being sexually or physically abusive;
14. Abandoning or neglecting a patient in need of immediate care;
15. Performing service contrary to established protocol or unauthorized services;
16. Soliciting bribe for services or attention;
17. Assaulting and/or insulting patients and co-workers;
18. Violation of an oath of practice; and
19. Such other misconduct as against a medical profession or as may be prescribed by the Council.

§ 37.10. Proceedings in cases of Professional Misconduct:

Proceedings against a health professional licensed under provisions of this Title for professional misconduct shall commence by filing a written complaint; under affidavit against such health practitioner, or by information from third party, interested persons, the public, whistle blowers, the media or the Council may by itself take up a case against the practitioner. Any person, corporation, association, institution or public office may file a complaint with the Council.

§ 37.11. Basis for Disciplinary Action

1. The basis for disciplinary action by the Council, or by any of the constituent boards of the Council, against a health professional shall be because of violation(s) of professional misconduct contained in Section 37.9 or for medical malpractice.
2. Medical malpractice will lie if the negligent act or omission of a health care provider, in the line of duty, causes an injury or death to a patient or user, and the conduct is a result of error in diagnosis, treatment, after care or health management. Medical Malpractice will be considered when the situation has the following characteristics: a violation of a protocol, policy, guideline or standard of care, a departure from known medical practice or procedure, a violation of law or regulation.

§ 37.12. Applicable Disciplinary Actions

1. In its discretion, the Council or a constituent board may discipline any health practitioner for acts of professional misconduct by:
 - (a) *Admonition*: Written warning or serious rebuke.
 - (b) *Censure*: Judgement condemning one's action as being professionally reprehensible.
 - (c) *Probation*: if the misconduct is committed by a prospective health professional, the Council may take the following measures:
 - i. The violator will be placed on a six-month probation
 - ii. The violator will be keenly observed for continuing eligibility to practice;
 - iii. The violator may be permitted to obtain license;
 - iv. The violator may be reconsidered and re-evaluated periodically at the end of the probationary period, which shall not exceed six months.
 - (d) *Suspension*: The Council or any of its constituent boards may suspend for a stated time any professional for misconduct.
 - (e) *Revocation of License*.
2. The Council or a constituent board, may revoke the license of and remove from the registrar a health professional for any of the following reasons:
 - (a) Proved Professional Misconduct
 - (b) Proved gross negligence and/or incompetence:
 - (c) Continuing unsatisfactory (unprofessional) conduct while on probation; and
 - (d) Failure to cooperate during an investigation on disciplinary matters.

Chapter 38. MEDICINE, DENTISTRY & PHYSICIAN ASSISTANT

Subchapter A. Medicine and Dentistry

- § 38.1. *Introduction*
- § 38.2. *Definitions*
- § 38.3. *Practice of medicine and dentistry and the use of the titles "physician" or "dentist"*
- § 38.4. *Liberia Medical & Dental Board*
- § 38.5. *Requirements for a physician's and dentist's license*
- § 38.6. *Persons exempt from license requirements*

Subchapter B. Physician Assistants (PAs)

- § 38.7. *Introduction*
- § 38.8. *Definition*
- § 38.9. *Practice of Medicine as "Physician Assistant"*
- § 38.10. *Establishment of the Liberia Physician Assistant Board*
- § 38.11. *Powers & Functions of the Board;*
- § 38.12. *Composition of the Board*
- § 38.13. *Tenure and Elected Positions*
- § 38.14. *Requirements for Physician Assistant's license*
- § 38.15. *Admission of foreign PAs in the practice.*
- § 38.16. *Persons exempt from license requirement*

Subchapter A. Medicine and Dentistry

§ 38.1. Introduction

This Chapter applies to the profession of medicine and dentistry. The general provisions for all medical and dental professionals contained in Chapter 37 relating to jurisdiction, professional misconduct, proceedings in cases of professional misconduct, basis for disciplinary action and applicable disciplinary actions, shall apply to this Chapter as far as applicable.

§ 38.2. Definitions

The following words and phrases, as used in this chapter or regulations made thereunder, shall have the following meanings, unless the context otherwise requires:

1. **“Practice of Medicine”** means diagnosing, treating, performing surgery, prescribing, conducting surveillance and research; control of human diseases, pain, injury, deformity, and physical or mental health conditions.
2. **“Practice of Dentistry”** means diagnosing, treating, operating or prescribing for any disease, pain, injury, deficiency, deformity or physical condition of the human mouth, including the teeth, alveolar process, gums, or jaws and adjacent tissues or adjusting them.

§ 38.3. Practice of medicine and dentistry and the use of the titles "Physician" or "Dentist"

1. *Medicine:* Only a person licensed or otherwise authorized under the provisions of this Chapter shall engage in the practice of medicine, and only a person licensed to practice medicine under the provisions of this Chapter shall bear the title "physician", or any derivative or other designation denoting that one is a member of such profession.

2. *Dentistry*: Only a person licensed or otherwise authorized under the provisions of this Chapter shall engage in the practice of dentistry and only a person licensed to practice dentistry under the provisions of this chapter or authorized under Section 38.5 shall bear the title "dentist".

§ 38.4. Liberia Medical & Dental Board

1. The Liberia Medical and Dental Board (LMDB), is hereby established. The Board shall be directly under the jurisdiction of the Liberia Health Professions Council (LHPC) and shall be composed of the following:
 - (a) The Chief Medical Officer of the Republic of Liberia
 - (b) The Chief Medical Officer, John F. Kennedy Medical Center;
 - (c) The Dean of the A. M. Dogliotti College of Medicine;
 - (d) The President of the Liberia Postgraduate Medical College;
 - (e) The President of the Liberia Medical & Dental Association (LMDA);
 - (f) A dentist to be selected by the LMDA;
 - (g) A physician in private practice, to be selected by the LMDA;
 - (h) A physician in public practice, to be selected by the LMDA;
 - (i) A representative of civil society selected by a simple majority at the first board meeting;
 - (j) A representative from the Pharmaceutical Association (non-voting)
 - (k) A legal advisor (non-voting)
2. *Tenue*. The tenure of members of the Liberia Medical & Dental Board shall be for a period of two years, and shall be eligible for renewal only once. The Liberia Medical & Dental Board shall elect its officials (Chairperson, Vice Chairperson, Registrar-General, Financial Secretary and Chaplain), provided however that no person holding either of the positions under a, b, c, and d shall hold an elected position on the Board.
3. *Powers/ Functions of the Board*. The Liberia Medical & Dental Board is a legal statutory body with its own seal, insignias and identifying symbols that distinguish it from other bodies. In the performance of its functions, the Board shall have the capacity and authority to:
 - (a) Enter into contracts for the performance and enhancement of its work, including borrowing money in line with the Public Financial Management Act and soliciting grants as may be needed for the achievement of its statutory mandate and for its operations and related purposes;
 - (b) Devise and implement ways and means of raising funds and other assets for the Board;

- (c) Hold, purchase, or otherwise acquire, secure, dispose of or alienate movable or immovable property;
 - (d) Sue and be sued in its own name;
 - (e) Create regulations, policies, and methods of discipline to regulate the practice of Medicine and Dentistry;
 - (f) Collect fees from members based on the rates determined by the board;
 - (g) Control, supervise and administer the assets and funds of the Board in such manner and for such purposes as best supports the purpose for which the Board was established;
 - (h) Receive grants, gifts, donations, or endowments in furtherance of the betterment of the practice of Medicine and Dentistry;
 - (i) Establish standing and ad hoc committees for the smooth operation of the Board;
 - (j) Engage in any lawful activity relating to or incidental to the practice of Medicine and Dentistry;
 - (k) Establish procedures and set guidelines for licensure of all persons engaging in, or desiring to engage in the practice of Medicine and Dentistry;
 - (l) Establish procedures, set guidelines, prepare and administer examinations to students trained outside of Liberia and desirous of doing internship in Liberia;
 - (m) Issue licenses to persons engaging in, or desiring to engage in, the practice of Medicine and Dentistry who have graduated from accredited schools of Medicine and Dentistry and has completed internship;
 - (n) Develop and implement code of conduct for doctors and dentists;
 - (o) Deploys interns, supervise and monitor internship programs for doctors and dentists;
 - (p) Monitor and evaluate medical and dental practice for compliance with standards of technical practice and inspection of health institutions providing services;
 - (q) Establish disciplinary actions for violations of the professional standards set by the board;
 - (r) Establish guidelines and requirements for Continuous Professional Development and approved and accredited Continuous Professional Development providers;
 - (s) Establish a secretariat to manage the affairs of the board.
4. *Rules and Regulations.* The Board shall make such rules and regulations as necessary to regulate its profession, and to carry out the purposes and enforce the provisions of this chapter. The Board shall formulate by-laws to govern its functions.

§ 38.5. Requirements for a physician's and dentist's license

To qualify for a license to practice medicine and dentistry, an applicant shall file an application with the Liberia Medical and Dental Board. Such application shall contain the following information:

1. That the applicant has graduated with a degree of doctor of medicine or a degree in dentistry or an equivalent degree from a college or school of medicine or dentistry, either in Liberia or abroad, which college or school is approved by the LHPC as maintaining satisfactory standards.
2. That the applicant has completed at least one year of internship either in Liberia or abroad; provided however, that those completing internship abroad are required to present an internship certificate and a current license from the country of study.
3. When deemed appropriate for all prospective applicants, that the applicant has passed a written examination prepared and administered by the Liberian Medical and Dental Board.
4. Any physician or dentist who is licensed by a foreign government to practice in relation with its diplomatic or consular staffs, must obtain a restricted license provided such practice extends beyond the diplomatic premises.
5. Any physician or dentist with a foreign medical license assigned with the United Nations and other international organizations to practice medicine in Liberia must obtain a restricted license through the Board.
6. Notwithstanding the forgoing, the Board shall from time to time review the methods and procedures by which prospective physicians and dentists shall be admitted to the practice of medicine and dentistry.

§ 38.6. Persons exempt from license requirement

The following persons, subject to the respective limitations hereinafter set forth, may practice medicine and dentistry within the Republic without a license:

1. Any physician or dentist who is licensed in another country, and who is meeting a Physician/dentist licensed in the Republic of Liberia for purposes of consultation, provided such practice is limited to non-clinical consultation;
2. A Physician/dentist from another country, and who is visiting a medical school/teaching institution in the Republic of Liberia to conduct medical instruction, provided such instruction is limited to non-clinical activities;
3. a foreign physician/dentist whose application for registration by reciprocity is pending for 1-3 months. Provided that such practice must be under the supervision of a physician or dentist licensed in the Republic of Liberia.
4. Any intern who is assigned to a hospital and is engaged in meeting the experience requirements for a license to practice medicine or dentistry, and is under the supervision of a licensed physician or dentist;
5. Any medical student who is performing a clinical clerkship or similar function in a hospital and other health care institutions, and who is matriculated in a medical school or college which meets standards satisfactory to the LHPC provided such practice is limited to such clerkship or similar function in such hospital and other health care institutions, and is under the immediate personal supervision of a licensed physician or dentist.

Subchapter B. Physician Assistants (PAs)

§ 38.7. Introduction

This Chapter applies to the profession of Physician Assistant (PA). The general provisions for all medical and allied health professions contained in chapter 37 relating to jurisdiction, professional misconduct, proceedings in cases of professional misconduct, basis for disciplinary action and applicable disciplinary actions, shall apply to this Chapter as far as applicable.

§ 38.8. Definitions

The following words and phrases, as used in this chapter or in regulations made there under, shall have the meanings ascribed to them unless the context otherwise requires:

1. **“Clinical Services”**: the act of assessing, diagnosing, treating, referring and conducting research.
2. **“Overall management”**: this refers to the provision of coordination, supervision, and the provision of oversight at both community and health facility levels.
3. **“Licensed Physician Assistant”**: one who has graduated from an accredited school of Physician Assistant and passed the Physician Assistant Board Exam.
4. **"Association"** means the Association or body of associations of Physician Assistants recognized by the Physician Assistants Board;
5. **"Board"** means the Physician Assistant Board established under Section 38.10.

§ 38.9. Practice of medicine as "Physician Assistant"

Only a person licensed by the Board and authorized under the provisions of this Chapter shall be allowed to practice medicine as "Physician Assistant".

§ 38.10. Establishment of the Liberia Physician Assistant Board

1. There is hereby established a cooperate body to be known as the Physician Assistants Board which shall operate as an autonomous and separate body from the Ministry of Health with the sole purpose of regulating the practice of Physician Assistants nationally in order to promote public health.
2. The Board shall be directly under the jurisdiction of the Liberia Health Professions Council (LHPC).

§ 38.11. Powers & Functions of the Board

The Board is a legal statutory body with its own seal, insignias and identifying signs that distinguish it from other bodies. In the performance of its functions, the board has the capacity and authority to:

1. Hold, purchase, or otherwise acquire, secure, dispose of or alienate movable or immovable property in the course of and in furtherance of its function and mandate;
2. Create regulation, policies and methods of punishment to regulate the practice of Physician Assistants;
3. Create a code of conduct for Physician Assistants;
4. Control, supervise, and administer the assets and funds of the Board in such manner as to benefit the Board;
5. Receive grants, gifts, donations, or endowments for the betterment of the Board;
6. Make by-laws and regulations or rules for its governance;
7. Register all persons engaged in or desiring to engage in the practice as Physician Assistants;
8. Establish procedures and set guidelines for the licensing of all persons practicing medicine as Physician Assistants;
9. Issue licenses to persons qualified to be Physician Assistant;
10. Suspend or revoke licenses as appropriate;
11. Create, maintain, and update the records of all its members;
12. In collaboration with the authority of schools of Physician Assistant, develop and harmonize the curriculum of the schools of Physician Assistant in the Republic of Liberia;
13. Administer examinations for candidates for Physician Assistant;
14. Set professional standards for the practice of medicine as PA;
15. Establish disciplinary actions for violations of the professional standards set by the Board;
16. Supervise the practice of Physician Assistants;
17. Suspend officials of the PAs for misconduct; and
18. Engage in any legal and lawful activity for the benefit of the Board;

§ 38.12. Composition of the Board

The Board shall consist of:

1. The President of the Liberia National Physician Assistants Association
2. The Executive Secretary of the Association
3. The Director(s) of School(s) of Physician Assistants in Liberia
4. The Registrar of the Liberia Medical and Dental Board (LNDB)
5. A representative of the Ministry who is a PA;
6. Three (3) Physician Assistants, other than the President and Executive Secretary, appointed by the Association. Provided that both the private practice and public practice shall be represented;

7. One (1) representative of civil society appointed by the Association.

§ 38.13. Tenure and Elected Positions

The tenure of members of the Liberia Physician Assistants Board shall be for a period of two years, and shall be eligible for renewal only once. The Board shall elect its officials (Chairperson, Vice Chairperson, Registrar-General, Financial Secretary and Chaplain).

§ 38.14. Requirements for Physician Assistant's license

Any person who hold a certificate, diploma, bachelor or master in Physician Assistant program either in Liberia or abroad and who has passed the Physician Assistant Board examinations may practice as a Physician Assistant.

§ 38.15. Admission of foreign PAs in the practice

A professional PA legally qualified in a foreign country may qualify in Liberia for a license as a PA by filing an application to the Board, sitting and passing Board administered examination and submitting evidence as to the following matters:

1. That the applicant has completed a course of study in the practice of medicine, which the Board approved as a satisfactory equivalent to that required in Liberia, as a Physician Assistant;
2. That the applicant has been duly licensed in a foreign country as a PA;
3. Sit and pass an examination conducted by the Board;
4. If successful in the board exam, be allowed and/or permitted to practice under the supervision of a licensed PA for at least 6 months after which license shall be issued;

§ 38.16. Persons exempt from license requirement

This chapter shall not be interpreted as prohibiting any of the following activities:

1. As prohibiting the care of the sick by any person provided such person is employed primarily in a domestic capacity and does not hold himself or herself out, or accept employment as a PA under the provisions of this title, or as preventing any person from the domestic administration of family remedies or rendering needed assistance in case of an emergency;
2. As prohibiting graduates of schools of Physician Assistant approved by the Board for practicing medicine under the supervision of a licensed PA for a period immediately following graduation from a prescribed course of PA training and pending receipt of a license for which an application has been filed as provided in this chapter;
3. As prohibiting the practice by students enrolled in approved schools or programs as may be incidental to their course of study;

4. As prohibiting or preventing the practice in Liberia by any legally qualified PA of another country whose engagement requires accompaniment and care for a patient temporarily residing in Liberia, during the Period of such engagement, provided such person does not represent or hold himself or herself out as a PA licensed to practice in the Republic;
5. As prohibiting or preventing the practice in Liberia during an emergency or disaster by any legally qualified PA of another country recruited by governmental authority for such emergency or disaster service, provided such person does not represent or hold himself or herself out as a PA licensed to practice in the Republic;
6. As prohibiting the practice in Liberia by a foreign PA whose application for registration by reciprocity is pending for 1-3 months. Provided that such practice of nursing must be under the supervision of a physician or PA licensed in the Republic of Liberia;
7. As prohibiting A Physician Assistant who is licensed in another country, who is visiting a Physician Assistant school or teaching hospital in the Republic of Liberia to conduct medical instruction, provided such practice is limited to such instruction;
8. As prohibiting the care of the sick when done in connection with the practice of the religious tenets of any religion by adherents thereof.

Chapter 39. VETERINARY MEDICINE

§ 39.1. Introduction

§ 39.2. Definition of practice of veterinary medicine

§ 39.3. Practice of veterinary medicine and use of title "veterinarian"

§ 39.4. National Board for Veterinary Medicine

§ 39.5. Application for a veterinarian's license

§ 39.6. Persons exempt from license requirement

§ 39.1. Introduction

This chapter applies to the profession of veterinary medicine. The general provisions for all medical and allied health professions contained in chapter 37 relating to jurisdiction, professional misconduct, proceedings in cases of professional misconduct, basis for disciplinary action and applicable disciplinary actions, shall apply to this Chapter as far as applicable.

§ 39.2. Definition of practice of veterinary medicine

The practice of veterinary medicine means diagnosing, treating, operating, preventing or prescribing for any animal disease, pain, injury, deficiency, deformity or physical condition.

§ 39.3. Practice of veterinary medicine and use of title "veterinarian"

Only a person licensed or otherwise authorized to practice under this Chapter 39 shall practice veterinary medicine and only a person licensed to practice under this Chapter shall bear the title "veterinarian".

§ 39.4. National Board for Veterinary Medicine

1. The National Board for veterinary medicine is hereby established.
2. The Board shall be composed of the following:
 - (a) A representative the Ministry of Health;
 - (b) The Director of the Veterinary Division at the Ministry of Agriculture;
 - (c) The Dean of the College of Agriculture, University of Liberia;
 - (d) The Director General of National Public Health Institute of Liberia (NPHIL);
 - (e) The Director General of Center for Agriculture Research Institute (CARI);
 - (f) The Managing Director of FDA;
 - (g) A representative appointed by the Veterinary Association;
 - (h) A representative appointed by the Liberia National Bar Association LNBA (nonvoting member);
 - (i) A representative of the civil society selected by a simple majority of board members at the first meeting;
 - (j) A representative appointed by the Society for the Conservation of Nature he

§ 39.5. Application for a veterinarian's license

To qualify for a license to practice veterinary medicine, an applicant shall file an application with the NBVM. Such application shall contain the following information:

1. That the applicant has graduated with a degree of veterinary medicine or an equivalent degree from a college or school of veterinary medicine, either in Liberia or abroad, which college or school is approved by the NBVM as maintaining satisfactory standards.
2. That the applicant has completed at least one year of internship either in Liberia or abroad; provided however, that those completing internship abroad are required to present an internship certificate and a current license from the country of study.
3. that the applicant has passed a written examination prepared and administered by the NBVM
4. The provisions for obtaining professional medical license as contained in Section 38.5 shall be applicable to this Chapter in like manner to the extent possible.

§ 39.6. Persons exempt from license requirement

The provision for exemption for professional license as provided in Section 38.6 shall be applicable to this Chapter as far as is necessary.

Chapter 40. NURSING AND MIDWIFERY

Subchapter A. General Provisions and Definitions

§ 40.1 Introduction

§ 40.2 Definitions

§ 40.3. Persons exempt from license requirements for nurses and midwives

§ 40.4. Unauthorized Practice of Nursing & Midwifery

Subchapter B. Board Establishment and Composition

§ 40.5. Liberian Board for Nursing & Midwifery

Subchapter C. Nursing Licensing and Regulation

§ 40.6. Extent of practice of nursing

§ 40.7. Practice of nursing and use of title "registered nurse or "licensed practical nurse"

§ 40.8. Requirements for an initial license as a "registered nurse" or "licensed practical nurse"

§ 40.9. Licensing of foreign-licensed professional nurses

§ 40.10. Requirements for an initial license as a licensed practical nurse

§ 40.11. Licensing of foreign-licensed practical nurses

§ 40.12. Exemption from liability for voluntary nursing aid rendered in emergencies

Subchapter D. Midwifery Licensing and Regulations

§ 40.13. Definition & scope of practice of midwifery

§ 40.14. Practice of midwifery and use of title "midwife", "registered nurse midwife", "registered midwife", "certified midwife", "traditional birth attendant"

§ 40.15. Requirements for initial license as registered nurse midwife

§ 40.16. Licensing of foreign-licensed registered nurse midwives

§ 40.17. Requirements for initial license as registered midwife

§ 40.18. Licensing of foreign-licensed registered midwives

§ 40.19. Requirements for initial license as certified midwife

§ 40.20 Licensing of foreign license certified midwives

Subchapter A. General Provisions and Definitions

§ 40.1. Introduction

This Chapter applies to the professions of nursing and midwifery. The general provisions for all medical and allied health professions contained in Chapter 37 relating to jurisdiction, professional misconduct, proceedings in cases of professional misconduct, basis for disciplinary action and applicable disciplinary actions, shall apply to this Chapter as far as applicable.

§ 40.2. Definitions

The following words and phrases, as used in this Chapter or regulations made thereunder, shall have the following meanings, unless the context otherwise requires:

1. **“Advanced Practice Nurse”** Any person who holds a current license to practice professional nursing and has satisfactorily completed a formal basic educational program which primary purpose is to prepare nurses for advanced or specialized practice for at least

one academic year, example, Registered Nurse Anesthetics, Mental Health Clinicians, Dental Nurse, Ophthalmic Nurse, Registered Nurse Midwife.

2. **“Board”** means the Liberian Board for Nursing & Midwifery;
3. **“Foreign Nurse”** A nurse who has successfully attended an accredited school of nursing in a country other than Liberia, has sat and passed that country’s Board Examination and is duly licensed and applies to practice nursing in Liberia.
4. **“Graduate nurse”** Graduate nurse is a person who has graduated from an accredited school of nursing and is awaiting the registered nurse licensure, but is permitted to practice nursing under the supervision of a registered nurse or licensed practical nurse.
5. **“Licensed Practical Nurse (LPN)”** is an individual who has successfully completed a prescribed nursing education program from an accredited nursing institution; sat and passed the State Board Exams for a licensed practical nurse.
6. **“Minimum Competency”** Minimum competency refers to the basic requirements set by the Board to practice Nursing and Midwifery in Liberia;
7. **“Operating Room Technician”** An Operating Room Technician is a person trained in an accredited institution or a hospital setting to prepare operating rooms, set up equipment and surgical tools and assist physicians and nurses during surgeries as instructed.
8. **“Registered Nurse”** A Registered Nurse (“RN”) is an individual who has successfully completed a prescribed nursing education program from an accredited nursing institution; sat and passed the State Board Exams and is licensed.

§ 40.3. Persons exempt from license requirements for nurses and midwives

This chapter shall not be interpreted as prohibiting any of the activities:

1. the care of the sick by any person provided such person is employed primarily in a domestic capacity and does not hold himself or herself out, or accept employment as a person licensed to practice nursing or midwifery under the provisions of this title, or as preventing any person from the domestic administration of family remedies or the furnishing of nursing or midwifery assistance in case of an emergency.
2. graduates of schools of nursing approved by the Liberian Board for Nursing and Midwifery from practicing nursing or midwifery under the supervision of a licensed professional nurse for six months immediately following graduation from a program in nursing and pending receipt of a license for which an application has been filed as provided in this chapter;
3. such performance of nursing or midwifery by students enrolled in approved schools or programs as may be incidental to their course of study;
4. the practice of nursing or midwifery in Liberia by a foreign nurse or midwife whose application for registration by reciprocity is pending for 1-3 months. Provided that such practice of nursing or midwifery must be under the supervision of a nurse or physician licensed in the Republic of Liberia.

5. the practice of nursing or midwifery in Liberia by any legally qualified professional nurse or practical nurse or any sort of licensed midwife of another country whose engagement requires accompaniment and care for a patient temporarily residing in Liberia, during the Period of such engagement, provided such person does not represent or hold himself or herself out as a professional nurse or practical nurse or midwife licensed to practice in the Republic;
6. the practice of nursing or midwifery in Liberia during an emergency or disaster by any legally qualified professional or practical nurse or otherwise licensed midwife of another country recruited by governmental authority for such emergency or disaster service, provided such person does not represent or hold himself or herself out as a professional nurse or practical nurse or midwife licensed to practice in the Republic;
7. the care of the sick when done in connection with the practice of the religious tenets of any religion by adherents thereof.

§ 40.4. Unauthorized Practice of Nursing & Midwifery

1. Anyone not authorized to practice nursing or Midwifery under the provisions of this Chapter, but who practices or holds herself/himself out as being able to practice nursing or midwifery in which a license is a pre-requisite, or who aids, abets, or facilitates an unlicensed person to practice nursing or midwifery, or who fraudulently sells, files, furnishes, obtains or attempts to sell, file, furnish or obtain a diploma, license, record or permit purporting to authorize the practice of medicine, has committed a felony of the second degree.
2. Any person or entity not authorized to teach the practice of nursing under the provisions of this Chapter but who holds itself out to be able to teach the practice of nursing or midwifery, or who aids, abets, or facilitates an unlicensed school in the teaching of nursing has committed a felony of the second degree.

Subchapter B. Board Establishment and Composition

§ 40.5. Liberian Board for Nursing & Midwifery

1. *Liberian Board for Nursing & Midwifery Established.* A national board for nursing & midwifery hereinafter known as the Liberian Board for Nursing & Midwifery (LBNM) is hereby established and shall be composed of the following:
 - (a) The Chief Nursing Officer, Ministry of Health (permanent member);
 - (b) A representative appointed by the Liberian Nursing Association (LNA) (permanent member);
 - (c) A representative appointed by the Liberian Midwifery Association (LMA) (permanent member);

- (d) The Chairperson of the West African College of Nursing- Liberian Chapter (permanent member);
 - (e) The Director from a nursing school offering a Bachelor's degree;
 - (f) The Director from a nursing school offering an Associate degree;
 - (g) The Director from a nursing school offering a diploma in nursing;
 - (h) The Director of a nursing school offering a certificate in midwifery;
 - (i) An Advanced Practice Nurse (RNM, Ophthalmic Nurse, Anesthetic, Mental Health, etc.) recommended by LNA;
 - (j) A Registered Nurse who is not from an advanced practice recommended by LNA;
 - (k) A Licensed Practical Nurse recommended by LNA;
 - (l) One Certified/Registered Midwife recommended by LMA;
 - (m) A representative from civil society whose work borders on nursing & midwifery;
 - (n) A legal advisor appointed by the Liberia National Bar Association (non-voting).
2. *Tenure of Members.* The non-permanent members of the Board shall serve for a period of two years and shall be eligible for no more than two consecutive terms. For each term, the members of the Board shall elect a Chairman and Vice Chairman, who shall serve for no more than two consecutive terms. The legal advisor shall have no voting powers.
3. *Powers/ Functions of the Board.* The Liberian Board for Nursing & Midwifery is a legal statutory body with its own seal and insignias and identifying symbols that distinguish it from other bodies. In the performance of its functions, the Board shall have the capacity and authority to:
- (a) Enter into contracts for the performance and enhancement of its work, including borrowing money in line with the Public Financial Management Act and soliciting grants as may be needed for the achievement of its statutory mandate and for its operations and related purposes;
 - (b) Hold, purchase, or otherwise acquire, secure, dispose of or alienate movable or immovable property, in the course of and in furtherance of its functions and mandate;
 - (c) Sue and be sued in its own name;
 - (d) Create regulations, policies, and methods of punishment to regulate the practice of nursing & midwifery; devise and implement ways and means of raising funds and other assets for the Board;
 - (e) Control, supervise and administer the assets and funds of the Board in such manner and for such purposes as best supports the purpose for which the Board was established;
 - (f) Collect fees from members based on the rates determined by the board

- (g) Receive grants, gifts, donations, or endowments in furtherance of the betterment of the practice of nursing and midwifery;
 - (h) Establish standing and ad hoc committees for the smooth operation of the Board;
 - (i) Engage in any lawful activity relating to or incidental to the practice of nursing
 - (j) Establish the procedures, set guidelines, prepare and administer licensure examinations
 - (k) Register all persons engaging in, or desiring to engage in, the practice of nursing
 - (l) Establish the procedures and set guidelines for the licensure of all persons engaging in, or desiring to engage in, the practice of nursing.
 - (m) Issue licenses to persons engaging in, or desiring to engage in, the practice of nursing within the republic of Liberia who have graduated from an accredited school of nursing, ~~or~~ advanced nursing school.
 - (n) Establish an information system including a database.
 - (o) Establish procedures and requirements for the registration of nurse aides
 - (p) Set procedures, guidelines and standards for the establishment and accreditation of nursing and midwifery training institutions in the Republic of Liberia.
 - (q) Develop and harmonize the curriculum of the nursing and midwifery training institutions and ensure adherence to the curriculum.
 - (r) Accredite nursing and midwifery basic and post basic programs.
 - (s) Monitor nursing and midwifery schools for compliance in quality assurance.
 - (t) Monitor and evaluate nursing practice for compliance with standards of technical practice and inspection of health institutions providing clinical sites for students' practices
 - (u) Develop the code of conduct for nursing & midwifery professionals
 - (v) Mentor new graduates in customer service and nursing knowledge and skills.
 - (w) Establish disciplinary actions for violations of the professional standards set by the board.
 - (x) Establish procedures, guidelines and requirements for Continuous Professional Development and approved and accredited Continuous Professional Development providers.
 - (y) Establish a secretariat and appoint an Executive Secretary/Registrar to manage the affairs of the board
4. *Rules and Regulations.* The Board shall make such rules and regulations as are necessary to regulate its profession, and to carry out the purposes and enforce the provisions of this Title. The Board shall formulate by-laws to govern its functions.

Subchapter C. Nursing Licensing and Regulation

§ 40.6. Extent of practice of nursing

1. *Extent of Practice.*

- (a) The practice of nursing as a registered nurse LPN includes performing services in the maintenance of health, prevention of illness and care of the sick requiring the application of principles of nursing based on biological, physical, and social sciences and appropriate nursing measures, and executing orders concerning treatment and medication issued by a licensed or otherwise legally authorized physician or dentist;
- (b) It also includes the activities for which RNs and LPNs are educated and authorized to perform and is guided by standards, guidelines and policy positions of a regulatory body. The breadth and depth of these activities are influenced by the individual's level of competency, requirements and policies of the employer, needs of the clients, and practices.

2. *Administration of Anesthesia by Registered Nurse Anesthetist.* A registered nurse anesthetist that has been duly licensed may administer the anesthetics, in the presence and under the supervision of a duly licensed surgeon.

§ 40.7. Practice of nursing and use of title "registered nurse" or "licensed practical nurse"

1. Only a person licensed or otherwise authorized under the provisions of this chapter shall practice nursing. And only a person licensed in such special category under the provisions of this chapter shall bear the title "registered nurse."
2. A person licensed in such special category under the provisions of this chapter shall bear the title "licensed practical nurse"

§ 40.8. Requirements for an initial license as a registered nurse or advanced practice nurse

To qualify for an initial license as a registered nurse or advanced practice nurse, an applicant shall file an application to the board and submit evidence as to the following matters:

1. That the applicant has completed a course of study in and holds a diploma or degree in professional nursing or advanced nursing from an accredited school/advanced program of nursing, either in Liberia or abroad, which school or program is approved by the LBNM as maintaining satisfactory standards;
2. That the applicant has passed a written examination prepared and administered by the Liberian Board of Nursing & Midwifery;

§ 40.9. Licensing of foreign licensed professional nurses

A professional nurse legally qualified in a foreign country may qualify in Liberia for a license as a registered professional nurse by filing an application to the Board, sitting and passing Board administered examination and submitting evidence as to the following matters:

1. That the applicant has completed a course of study in professional nursing which the Liberian Board for Nursing approved as a satisfactory equivalent to that required in Liberia;

2. That the applicant has been duly licensed in a foreign country as a professional nurse;

§ 40.10. Requirements for an initial license as a licensed practical nurse

Except for applications made under Subsection 40.9 by practical nurses legally qualified in foreign countries, to qualify for an initial license as a licensed practical nurse, an applicant must file an application with the Board and submit evidence as to the following matters:

1. That the applicant has completed a course of study in practical nursing or in a program in professional nursing, either in Liberia or abroad, which course of study or program is approved by the Liberian Board for Nursing and Midwifery.
2. That the applicant has passed a written examination prepared and administered by the Liberian Board for Nursing and Midwifery.

§ 40.11. Licensing of foreign-licensed practical nurses

A practical nurse legally qualified in a foreign country may qualify in Liberia for a license as a licensed practical nurse without examination by filing an application to the Board and submitting evidence as to the following matters:

1. That the applicant has completed a course of study in practical nursing which the Liberian Board for Nursing and Midwifery approves as a satisfactory equivalent to that required in Liberia;
2. That the applicant has been duly licensed in a foreign country as a practical nurse;

§ 40.12. Exemption from liability for voluntary nursing aid rendered in emergencies

Notwithstanding any inconsistent provision of law, any licensed registered professional nurse or licensed practical nurse who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency occurring outside of a hospital, doctor's office or any other place lacking proper and necessary medical equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries sustained by such person or for damages for the death of such person, occurring by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such registered professional nurse or licensed practical nurse. Nothing in this Section shall be deemed or construed to relieve a licensed registered professional nurse or licensed practical nurse from liability for damages for injuries or death caused by an act or omission on the part of such nurse while rendering professional services in the normal and ordinary course of practice.

Subchapter D. Midwifery Licensing and Regulations

§ 40.13. Definition & scope of practice of midwifery

1. The practice of midwifery is defined as the art of assisting at childbirth. Midwifery is a profession that works in partnership with women, adolescents, their families and communities to promote the sexual and reproductive health of women and newborns. Midwives give the necessary support, care and advice during pregnancy, labor, delivery and postpartum period. Midwifery includes preventive measures such as the promotion of normal birth, the detection of complications in mother and child, taking prompt and appropriate actions. The work involves antenatal education, family planning, health counseling and education for women, the family and community preparation for parenthood, women's health including sexual and reproductive health, and child care. Traditional birth attendants licensed hereunder, however, are subject to practicing midwifery under the supervision of a registered nurse, midwife, or licensed physician attending in the area in which they practice.
2. *Traditional Trained Birth Attendants.* A Traditional trained birth attendant is a person who is not a midwife but who has been trained at the community level to identify complications for prompt referral and escort pregnant women to the hospital when they are in labor.

§ 40.14. Practice of midwifery and use of title "midwife", "registered nurse midwife", "registered midwife", "certified midwife", "traditional birth attendant"

Only a person licensed or otherwise authorized under the provisions of this chapter shall practice midwifery, limited however to the capacity licensed or authorized and only a person licensed in such special category under the provisions of this chapter shall bear the title "registered nurse midwife", and only a person licensed in such special category under the provisions of this chapter shall bear the title "registered midwife", and only a person licensed in such special category under the provisions of this chapter shall bear the title "certified midwife", and only a person licensed in such special category under the provisions of this chapter shall bear the title "traditional birth attendant".

§ 40.15. Requirements for initial license as a registered nurse midwife

Except for applications made under Section 40.16 by registered nurse midwives legally qualified in foreign countries, to qualify for an initial license as a registered nurse midwife, an applicant shall file an application to the board and submit evidence as to the following matters:

1. That the applicant is a registered nurse midwife who is so licensed under the provisions of Chapter 40 and has graduated within two years prior to the date of application from a school giving a complete course in midwifery, either in Liberia or abroad, which school is approved by the Liberian Board for Nursing and Midwifery as maintaining satisfactory standards
2. That the applicant has passed an examination prepared and administered by the Liberian Board for Nursing and Midwifery.

§ 40.16. Licensing of foreign-licensed registered nurse midwives

A registered nurse midwife legally so qualified in a foreign country may qualify in Liberia for a license as a registered nurse midwife without examination by filing an application to the board and submitting evidence as to the following matters:

1. That the applicant has satisfactorily completed a course of study in and has graduated within six months prior to the date of application from a school of midwifery, either in Liberia or abroad, which school is approved by the Liberian Board for Nursing and Midwifery as maintaining satisfactory standards;
2. That the applicant has passed an examination prepared and administered by the Liberian Board for Nursing and Midwifery;

§ 40.17. Requirements for initial license as registered midwife

Except for applications made under Section 40.18 by registered midwives legally qualified in foreign countries, to qualify for an initial license as a registered midwife, an applicant shall file an application to the board and submit evidence as to the following matters:

1. That the applicant is a registered midwife who is so licensed under the provisions of Chapter 40 and was graduated within two years prior to the date of application from a school giving a complete course in midwifery, either in Liberia or abroad, which school is approved by the Liberian Board for Nursing and Midwifery as maintaining satisfactory standards
2. That the applicant has passed an examination prepared and administered by the Liberian Board for Nursing and Midwifery.

§ 40.18. Licensing of foreign-licensed registered midwives

A registered midwife legally so qualified in a foreign country may qualify in Liberia for a license as a registered midwife without examination by filing an application to the board and submitting evidence as to the following matters:

1. That the applicant has satisfactorily completed a course of study in and has graduated within six months prior to the date of application from a school of midwifery, either in Liberia or abroad, which school is approved by the Liberian Board for Nursing and Midwifery as maintaining satisfactory standards;
2. That the applicant has passed an examination prepared and administered by the Liberian Board for Nursing and Midwifery;

§ 40.19. Requirements for initial license as certified midwife

Except for applications under Section 40.20 by certified midwives or persons having equivalent qualifications legally qualified in foreign countries, to qualify for an initial license as a certified midwife an applicant shall file an application to the board and submit evidence as to the following matters:

1. That the applicant has satisfactorily completed a course of study in and has graduated within six months prior to the date of application from a school of midwifery, either in

- Liberia or abroad, which school is approved by the Liberian Board for Nursing and Midwifery as maintaining satisfactory standards;
2. That the applicant has passed an examination prepared and administered by the Liberian Board for Nursing and Midwifery.

§ 40.20. Licensing of foreign-licensed certified midwives

Certified midwives or persons having equivalent qualifications legally so qualified in a foreign country may qualify in Liberia for a license as a certified midwife by filing an application to the Board, sitting and passing Board administered examination and submitting evidence as to the following matters:

1. That the applicant has satisfactorily completed a course of study in, and was graduated from, a school of midwifery which the Liberian Board for Nursing and Midwifery approves as a satisfactory equivalent to that required in Liberia;
2. That the applicant has been duly licensed in a foreign country as a certified midwife or under an equivalent title.

Chapter 41. PHARMACY

Subchapter A. Introduction

§41.1. Introduction

§41.2. Definitions

§41.3. Scope of practice of pharmacy

§41.4. Practice of pharmacy and use of title "Pharmacist"

§41.5. National board for pharmacy: Liberia Pharmacy Board

Subchapter B. Licensing of Pharmacist

§41.6. Requirements for a pharmacist's license

§41.7. Persons and institutions exempt from license requirements

Subchapter A. Introduction

§ 41.1. Introduction

This chapter applies to the profession of pharmacy and includes the licensing of pharmacists and dispensers, the licensing and operation of retail, wholesale and manufacturing establishments in connection therewith, and the regulation of pharmaceutical dispensaries in hospitals. The general provisions for all medical and allied health profession contained in Chapter 37 relating to jurisdiction, professional misconduct, proceedings in cases of professional misconduct, basis for disciplinary action and applicable disciplinary actions, shall apply to this Chapter as far as applicable.

§ 41.2. Definitions

In this Chapter:

1. **"Board"** means the Liberia Pharmacy Board;
2. **"Dispenser"** means a person (legal or natural) who dispenses;
3. **"Drug sundries"** means those products which are related and supplementary to medicine such as health aids, therapeutic devices and appliances, medical equipment, baby and or infant products, toiletries and cosmetics.
4. **"Registered Medicine Store"** means a store for which a store keeper's license has been issued to permit the sale at retail for medicines use without a prescription, of certain unopened prepackaged drugs and medical preparations listed in a schedule provided for by the provisions of Section 32.5 and denominated as Category C (Non-prescriptive drugs and medical preparations dispensable by Registered medical Stores).
5. **"Wholesaler"** means an establishment that bottles, packs, imports, or otherwise purchases drugs, medicines and therapeutic devices for the purpose of distributing, selling or reselling to pharmacies or to other authorized channels of distribution.

§ 41.3. Scope of practice of pharmacy

The scope of Pharmacy shall comprise the following:

1. the provision of pharmaceutical care by taking responsibility for the patient's medicine related needs and being accountable for meeting those needs;
2. the compounding, manipulation, preparation or packaging of any medicine or scheduled substance or the supervision thereof;
3. the manufacturing of any medicine or scheduled substance or the supervision thereof;
4. the purchasing, acquiring, importing, keeping, possessing, using, releasing, storing, repackaging, supplying or selling of any medicine or scheduled substance or the supervision thereof;
5. the application for the registration of a medicine in accordance with the LMHRA Act;
6. regulation of clinical trials involving medicines and health products; and
7. ensuring the quality of medicines and health products.

§ 41.4. Practice of pharmacy and use of the title "Pharmacist"

1. *Practice of Pharmacy defined.* The practice of Pharmacy shall include the following:
 - (a) the provision of pharmaceutical care by taking responsibility for the patient's medicine related need and being accountable for meeting those needs;
 - (b) the compounding, manipulation, preparation or packaging of any medicine or scheduled substance or the supervision thereof;

- (c) the manufacturing of any medicine or scheduled substance or the supervision thereof;
 - (d) the purchasing, acquiring, importing, keeping, possessing, using, releasing, storage, repackaging, supplying or selling of any medicine or scheduled substance or the supervision thereof;
 - (e) the application for the registration of a medicine in accordance with the LMHRA Act;
 - (f) Regulation of clinical trials involving medicines and health products; and ensuring the quality of medicines and health products.
2. Only a person licensed under the provisions of this chapter to practice pharmacy shall bear the title “Pharmacist”.

§ 41.5. National board for pharmacy: Liberia Pharmacy Board

1. Establishment

A national board for pharmacy to be known as the Liberia Pharmacy Board (LPB) is hereby established and shall be composed of the following:

1. The Chief Pharmacist, Ministry of Health;
2. Dean of the School of Pharmacy, University of Liberia
3. President of the Pharmaceutical Association of Liberia (PAL)
4. One pharmacist in private practice, to be selected by the Pharmaceutical Association of Liberia
5. One representative from the public sector to be selected by PAL
6. A representative appointed by the Liberia Medical and Dental Association;
7. A representative of the Liberia civil society organizations, appointed by the Pharmacy Association;
8. A representative appointed by the Liberian National Bar Association (non-voting)

2. Tenure of Members

The tenure of members of the Liberian Pharmacy Board shall be for successive periods of two years. They shall be eligible for another period of two years. The members of the Board, other than the Chief Pharmacist, designated thereon by virtue of his office, shall continue in office until their successors are chosen. The Liberia Pharmacy Board shall elect its officials.

3. Powers & Functions of the Board

The Liberia Pharmacy Board is a legal statutory body with its own seal and insignias and identifying symbols that distinguish it from other bodies. In the performance of its functions, the Board shall have the capacity and authority to:

1. Enter into contracts for the performance and enhancement of its work, including borrowing money in line with the Public Financial Management Act and soliciting grants as may be

needed for the achievement of its statutory mandate and for its operations and related purposes;

2. Collect fees from members based on the rates determined by the board
3. Hold, purchase, or otherwise acquire, secure, dispose of or alienate movable or immovable property, in the course of and in furtherance of its functions and mandate;
4. Sue and be sued in its name;
5. Create regulations, policies, and methods of punishment to regulate the practice of pharmacy devise and implement ways and means of raising funds and other assets for the Board;
6. Control, supervise and administer the assets and funds of the Board in such manner and for such purposes as best supports the purpose for which the Board was established;
7. Receive grants, gifts, donations, or endowments in furtherance of the betterment of the practice of pharmacy.
8. Establish standing and ad hoc committees for the smooth operation of the Board;
9. Engage in any lawful activity relating to or incidental to the practice of pharmacy.
10. Establish procedures, set guidelines, prepare and administer examinations;
11. Establish the procedures and set guidelines for licensure of all persons engaging in, or desiring to engage in, the practice of pharmacy;
12. Issue licenses to persons engaging in, or desiring to engage in, the practice of Pharmacy within the republic of Liberia who have graduated from an accredited school of Pharmacy, Dispensing and Pharmacy Technician
13. Establish an information system including a database. Maintain and update the records of health training institutions, professionals, retail stores, curriculums, monitoring, inspection and accreditation reports, and providers of continuous professional education.
14. Establish procedures and requirements for the registration and register all persons engaging in, or desiring to engage in, the practice of Pharmacy.
15. Develop the code of conduct for pharmacy professionals
16. Supervise and monitor internship program for pharmacists
17. Monitor pharmacy schools for compliance in quality assurance;
18. Monitor and evaluate pharmacy practice for compliance with standards of technical practice and inspection retail stores providing services.
19. Set professional standards and guidelines for the conduct of Pharmacy.
20. Establish disciplinary actions for violations of the professional standards set by the board.
21. Establish procedures, guidelines and requirements for Continuous Professional Development and approved and accredited Continuous Professional Development providers.
22. Establish a secretariat to manage the affairs of the board

Subchapter B. Licensing of Pharmacists

§ 41.6. Requirements for a pharmacist's license

To qualify for a license to practice pharmacy, an applicant shall file an application with the Liberia Pharmacy Board and submit evidence as to the following matters:

1. That the applicant has graduated with a degree in pharmacy or an equivalent degree from a college or school of medicine or dentistry, either in Liberia or abroad, which college or school is approved by the LPB as maintaining satisfactory standards.
2. That the applicant has completed at least one year of internship either in Liberia or abroad; provided however, that those completing internship abroad are required to present an internship certificate and a current license from the country of study;
3. That the applicant has passed a written examination prepared and administered by the Liberia Pharmacy Board.
4. Any pharmacist who is licensed by a foreign government to practice in relation with its diplomatic or consular staffs must obtain a restricted license; provided such practice is limited to such staffs;
5. Any pharmacist with a foreign Pharmacist license assigned with the United Nations to practice Pharmacy in Liberia must obtain a restricted license from the Board;
6. Notwithstanding the forgoing, the Board shall from time to time review the methods and procedures by which prospective pharmacists shall be admitted to the practice of Pharmacy.
7. Continuing education requirements; exemptions; extensions; procedures; non-practice licenses.
 - (a) Each pharmacist shall have obtained a minimum of 15 continuing education hours of pharmaceutical education through an approved continuing pharmaceutical education program during the year immediately preceding his license renewal date.
 - (b) An approved continuing pharmaceutical education program shall be any program approved by the Board.
8. Pharmacists who have been initially licensed by the Board during the one year preceding the license renewal date shall not be required to comply with the requirement on the first license renewal date that would immediately follow.
9. The Board shall grant an exemption from the continuing education requirement if the pharmacist presents satisfactory evidence that failure to comply was due to circumstances beyond the control of the pharmacist.
10. Upon the written request of a pharmacist, the Board may grant an extension of one year in order for a pharmacist to fulfill the continuing education requirements for the period of time in question. Such extension shall not relieve the pharmacist of complying with the continuing education requirement for the current period.

11. The pharmacist shall attest to the fact that he or she has completed the continuing education requirements as specified by the Board.
12. The following shall apply to the requirements for continuing pharmaceutical education:
 - (a) The provider of an approved continuing education program shall issue to each pharmacist who has successfully completed a program certification that the pharmacist has completed a specified number of hours;
 - (b) The certificates so issued to the pharmacist shall be maintained by the pharmacist for a period of two years following the renewal of his license;
 - (c) The pharmacist shall provide the Board, upon request, with certification of completion of continuing education programs in a manner to be determined by the Board;
13. Pharmacists who are also licensed in other Countries and who have obtained a minimum of fifteen hours of approved continuing education requirements of such other Countries need not obtain additional hours.
14. The Board shall provide for an inactive status for those pharmacists who do not wish to practice in Liberia. The Board shall require; upon request for change from inactive to active status, proof of continuing education hours as specified in regulations. No person shall practice in Liberia unless he or she holds a current active license.
15. As part of the annual 15-hour requirement, the Board may require up to two hours of continuing education in a specific subject area. If the Board designates a subject area for continuing education, it shall publish such requirement no later than January 1 of the calendar year for which the specific continuing education is required.

§ 41.7. Persons and institutions exempt from license requirements

The following persons, subject to the respective limitations hereinafter set forth, may practice Pharmacy within the Republic without a license:

1. Any Pharmacist who is licensed in another country, and who is meeting a Pharmacist licensed in the Republic of Liberia for purposes of consultation, provided such practice is limited to non-clinical consultation;
2. A Pharmacist who is licensed in another country, who is visiting the School of Pharmacy or teaching hospital in the Republic of Liberia to conduct medical instruction, provided such practice is limited to such instruction.
3. Any intern Pharmacist who is assigned to a hospital and is engaged in meeting the experience requirements for a license to practice Pharmacy, must be under the supervision of a licensed Pharmacist; and
4. Any Pharmacy student who is performing a clinical clerkship or similar function in a hospital/community pharmacy and who is admitted in the School of Pharmacy or college which meets standards satisfactory to the Liberia Pharmacy Board, provided such practice

is limited to such clerkship or similar function in such hospital or community pharmacy and is under the immediate personal supervision of a licensed pharmacist.

5. An unlicensed person employed as an assistant in a licensed pharmacy for purposes other than the practice of pharmacy;
6. The necessary and ordinary activities of manufacturers, importers and wholesalers of drugs, medicines, poisons and therapeutic devices, provided that when wholesale operations concerning such articles are being carried on such activities shall be supervised by a licensed pharmacist at all times.

Chapter 42. LICENSING & REGULATION OF PHARMACIES AND DISPENSARIES

Subchapter A. Licensing of Retail Sale and Medicine

§ 42.1. *Retail sale of Medicines and poisons without license or permit prohibited.*

§ 42.2. *Licensing and operation of registered pharmacies*

§ 42.3. *Licensed establishments limited to dispensing drugs, medicines, and drug sundries*

Subchapter B. Licensing of Wholesalers and Manufacturers

§ 42.4. *Wholesaling and manufacturing of drugs without permit prohibited.*

§ 42.5. *Wholesale and manufacturing operations require supervision of licensed pharmacist; application and permit to indicate.*

§ 42.6. *Retail operations, if any, to be separate from wholesale and manufacturing operations*

Subchapter C. Regulation of Hospital Dispensaries

§ 42.7. *Supervision by licensed professionals*

§ 42.8. *Labeling of drugs in hospital, Health Centers and Clinic dispensaries*

Subchapter A. Licensing of Retail Sale of Medicines

§ 42.1. Retail sale of Medicines and poisons without license or permit prohibited

Subject to the provisions of chapter 30 (Control of Narcotic Drugs) no person shall possess drugs, prescriptions or poisons for the purpose of compounding and dispensing them for sale at retail, nor shall any person sell or offer to sell at retail any drugs, prescriptions or poisons, unless licensed as a pharmacy or registered medicine store or he/she has been granted a permit to deal in poisons at a retail level under the provisions of Section 30.2, and then only to the extent authorized by the license or permit granted.

§ 42.2. Licensing and operation of registered pharmacies

The following shall apply to the licensing and operation of licensed pharmacies:

1. *Pharmacies to Employ Licensed pharmacists & Dispensers.* Every licensed pharmacy shall have in its employ a licensed pharmacist and dispenser. Provided that at all hours when open for business a licensed dispenser is in attendance.
2. *Requirements for Pharmacy license.* To qualify for a license to own and operate a pharmacy and for the renewal of such license, an applicant shall file an application with the Board on the form prescribed therefore and submit evidence that the pharmacy is equipped with facilities, apparatus, utensils and stock of drugs and medicines sufficient to permit the prompt and efficient compounding and dispensing of prescriptions. In the event the applicant is not a licensed pharmacist, the application shall set forth the name of the licensed pharmacist who will have supervision of the pharmacy.
3. *Board to approve location.* The Liberia Pharmacy Board shall approve the location of each pharmacy, and in the event that the location of a licensed pharmacy shall be changed, the owner shall apply to the board for inspection of the new location, and endorsement of the address thereof on the license certificate if the required equipment, upon such inspection, is found to be satisfactory.
4. *Display of pharmacy license.* The current pharmacy license shall be conspicuously displayed at all times in the pharmacy. The names of the owner or owners of a licensed Pharmacy shall be conspicuously displayed upon the exterior of such establishment. The names so displayed shall be presumptive evidence of ownership of such pharmacy by such person or persons. In the event that the owner of a licensed Pharmacy is not a licensed pharmacist, the Pharmacy license issued shall also bear the name of the licensed pharmacist having supervision of the pharmacy in the event that such licensed pharmacist shall no longer have supervision of the pharmacy, the owner shall notify the Board of such fact and of the name of the licensed pharmacist replacing the pharmacist named on the license and shall apply for an amended license certificate showing the change. The amended license certificate must be attached to the original license certificate and displayed in the same manner.

§ 42.3. Licensed establishments limited to dispensing drugs, medicines and drug sundries

Subject to the limitations set forth in chapters 30, 31, 32, 33, and by the provisions of this chapter, licensed pharmacies and registered medicine store may only sell or dispense drugs, medicines and drug sundries and no other items.

Subchapter B. Licensing of Wholesalers and Manufacturers

§ 42.4. Wholesaling and manufacturing of drugs without permit prohibited

Subject to the provisions of chapter 30 (Control of Narcotic Drugs), no person shall possess prescriptive or non-prescriptive drugs for the purpose of wholesaling or manufacturing or shall sell or offer such drugs for sale at wholesale unless a permit therefor has been issued as a wholesaler or manufacturer pursuant to the provisions of this Title.

§ 42.5. Wholesale and manufacturing operations require supervision of licensed pharmacist; application and permit to indicate

The establishment of every licensed wholesaler and manufacturer hereunder shall be under the supervision of a licensed pharmacist at all times when wholesale or manufacturing drug operations are being carried on. In the event the applicant for a wholesaler's or manufacturer's permit is not the licensed pharmacist who will so supervise wholesale or manufacturing drug operations, the Application shall set forth the name of the licensed pharmacist who will have such supervision and the permit issued shall bear the name of such licensed pharmacist. In the event such licensed Pharmacist shall no longer supervise such wholesale operations, the wholesaler or manufacturer permittee shall notify the Board of such fact and of the name of the licensed pharmacist replacing the pharmacist named in the permit and shall apply for an amended permit showing the change. The amended permit must be attached to the original permit and displayed in the same manner.

§ 42.6. Retail operations, if any, to be separate from wholesale and manufacturing operations

Wholesalers and manufacturers shall not engage in dealing at retail in the drugs permitted to be possessed, sold or offered for sale under permits granted under Sections 30.4 and 30.5, unless the retail establishment is separate and distinct from the wholesale establishment or factory and a separate license has been obtained therefor.

Subchapter C. Regulation of Hospital Dispensaries

§ 42.7. Supervision by licensed professionals

1. *Hospitals.* Hospital dispensaries in hospitals containing over 100 beds shall be under the immediate supervision of a licensed pharmacist at all times when pharmaceutical services are being rendered by such dispensaries.
2. *Health center and clinics* – these institutions shall be under the supervision of a licensed pharmacy technician and dispenser at all times when pharmaceutical services are being rendered by such dispensaries

§ 42.8. Labeling of drugs in hospital, health center, and clinic dispensaries

A hospital or other institution which provides care or treatment shall not have any drug or medical preparation in its possession on its premises unless the container of the drug bears a securely attached label that legibly states the generic name of the drug, its percentage strength, the permitted dosages and required cautions.

Chapter 43. LIBERIAN NATIONAL DIAGNOSTIC BOARD

§ 43.1. *Introduction*

§ 43.2. *Definitions*

§ 43.3. *Establishment of the Liberia Diagnostic Practitioners Board*

§ 43.4. *Powers & Functions of the Board*

§ 43.5. *Composition of the Board*

§ 43.6. *Tenure of Members*

§ 43.7. *Requirements for licensing*

§ 43.8. *Unauthorized Practice of Professions*

§ 43.9. *Admission of foreign Diagnostic Practitioners Workers in the practice*

§ 43.10. *Persons exempt from license requirement*

§ 43.1. Introduction

1. This Chapter applies to the diagnostic professions including, but not limited to:
 - (a) X-Ray technicians/technologists,
 - (b) Medical/clinical laboratory technicians/technologists,
 - (c) Cardiovascular technicians/technologists,
 - (d) Dental laboratory technicians/technologists
 - (e) Diagnostic medical sonographers
 - (f) cardiographic technicians/technologists,
 - (g) MRI technicians/technologists
 - (h) Phlebotomists,
 - (i) Radiology technicians/technologists, and
 - (j) all other practitioners who primary work is in diagnosis.

2. The general provisions for all medical and allied health professions contained in chapter 37 relating to jurisdiction, professional misconduct, proceedings in cases of professional misconduct, basis for disciplinary action and applicable disciplinary actions, shall apply to this Chapter as far as applicable.

§ 43.2. Definitions

The following words and phrases, as used in this chapter or in regulations made there under, shall have the meanings ascribed to them unless the context otherwise requires:

1. "**Board**" means the Liberia Diagnostic Practitioners Board established under Section 43.3.

§ 43.3. Establishment of the Liberia Diagnostic Practitioners Board

1. There is hereby established a cooperate body to be known as the Liberia Diagnostic Practitioners Board which shall operate as an autonomous and separate body from the Ministry of Health with the sole purpose of guiding and regulating the practice of diagnosis in the health sector.

2. The Board shall be directly under the jurisdiction of the Liberia Health Professions Council (LHPC).

§ 43.4. Powers & Functions of the Board

The Board is a legal statutory body with its own seal, insignias and identifying signs that distinguishes it from other bodies. In the performance of its functions, the board has the capacity and authority to:

1. Hold, purchase, or otherwise acquire, secure, dispose of or alienate movable or immovable property in the course of and in furtherance of its function and mandate;
2. Create regulation, policies and methods of punishment to regulate the practice;
3. Create a code of conduct for Diagnostic Practitioners;
4. Control, supervise and administer the assets and funds of the Board in such manner and for such purposes as best supports the purpose for which the Board was established;
5. Receive grants, gifts, donations, or endowments for the betterment of the Board;
6. Set and collect license fees from its members based on the rates determined by the Board;
7. Make by-laws and regulations or rules for its governance;
8. Register all persons engaged in or desiring to engage in the practice;
9. Establish procedures and set guidelines for the licensing of all Diagnostic Practitioners;
10. Issue licenses to persons qualified to be Diagnostic Practitioners;
11. Suspend or revoke licenses as appropriate;
12. Create, maintain, and update the records of all its members;
13. In collaboration with the authority of relevant schools, develop and harmonize the curriculum of such schools in the Republic of Liberia;
14. Administer examinations for candidates;
15. Set professional standards for the practice of medicine as Diagnostic Practitioners;
16. Establish disciplinary actions for violations of the professional standards set by the Board;
17. Supervise all officials of the Board;
18. Suspend officials of the Board for act deem as unethical and administrative negligence; and
19. Engage in any legal and lawful activity for the Board.

§ 43.5. Composition of the Board

1. *The Board shall consist of:*
 - (a) The Presidents of the Association of each constituent professions
 - (b) The directors of schools teaching any of the Diagnostic professions

- (c) One (1) representative of civil society appointed by Diagnostic Practitioners workers Association
- (d) A Legal Advisor (non-voting).

2. *Leadership of the Board*

The members of the Board shall, from among themselves, elect:

- (a) A Chairman elected by members of the Board.
- (b) A Vice chairman elected by members of the Board
- (c) An Executive Secretary of the Board

§ 43.6. Tenure of Members

The members of the Board shall serve for a period of four (4) years and shall be eligible for no more than two terms. For each term, the members of the Board shall elect a Chairman and Vice Chairman, who shall serve for no more than the four years. The legal advisor shall have no voting powers.

§ 43.7. Requirements for licensing

Any person who hold a certificate, diploma, bachelor or master in a related program either in Liberia or abroad and who has passed the relevant Board examination shall be licensed to practice. Only a person licensed or otherwise authorized under the provisions of this chapter shall practice as a diagnostic practitioner.

§ 43.8. Unauthorized Practice of Professions

1. Anyone not authorized to practice any of the professions under the provisions of this Chapter, but who practices or holds herself/himself out as being able to so practice, or who aids, abets, or facilitates an unlicensed person to so practice, or who fraudulently sells, files, furnishes, obtains or attempts to sell, file, furnish or obtain a diploma, license, record or permit purporting to authorize the practice, has committed a felony of the second degree.
2. Any person or entity not authorized to teach the practice of any such profession under the provisions of this Chapter but who holds himself/herself or itself out to be able to teach the practice of said professions, or who aids, abets, or facilitates an unlicensed school in such teaching has committed a felony of the second degree.

§ 43.9. Admission of foreign Diagnostic Practitioners Workers in the practice

A professional Diagnostic Practitioners practitioner legally qualified in a foreign country may qualify in Liberia for a license as a Diagnostic Practitioners practitioner by filing an application

to the Board, sitting and passing Board administered examination and submitting evidence as to the following matters:

1. That the applicant has completed a course of study in the practice, which the Board approved as a satisfactory equivalent to that required in Liberia;
2. That the applicant has been duly licensed in a foreign country as a diagnostic practitioner;
3. If successful in the board exam, be allowed and/or permitted to practice under the supervision of a licensed Diagnostic corresponding practitioner for at least 6 months after which license shall be issued;

§ 43.10. Persons exempt from license requirement

This chapter shall not be interpreted as prohibiting any of the following activities:

1. the practice by students enrolled in approved schools or programs as may be incidental to their course of study;
2. the practice in Liberia during an emergency or disaster by any legally qualified diagnostic practitioner of another country recruited by governmental authority for such emergency or disaster service, provided such person does not represent or hold himself or herself out as an Diagnostic Practitioners practitioner licensed to practice in the Republic;
3. a practitioner who is licensed in another country, who is visiting a teaching school or teaching hospital in the Republic of Liberia to conduct academic instruction relating any of the constituent profession, provided such practice is limited to such instruction;
4. the practice in Liberia by a foreign diagnostic practitioner whose application for registration by reciprocity is pending for 1-3 months. Provided that such practice of must be under the supervision of a corresponding Diagnostic Practitioners practitioner, PA or physician licensed in the Republic of Liberia.
5. the care of the sick when done in connection with the practice of the religious tenets of any religion by adherents thereof.

Chapter 44. ALLIED HEALTH PRACTITIONERS

§ 44.1. Introduction

§ 44.2. Definitions

§ 44.3. Establishment of the Liberia Allied Health Practitioners Board

§ 44.4. Powers & Functions of the Board

§ 44.5. Composition of the Board

§ 44.6. Tenure of Members.

§ 44.7. Requirements for licensing

§ 44.8. Unauthorized Practice of Professions

§ 44.9. Admission of foreign Allied Health Workers in the practice

§ 44.10. Persons exempt from license requirement

§ 44.1. Introduction

This Chapter applies to the allied health professions including: environmental health practitioners, social workers and all other health practitioners who do not fall under any other health professions board created in this title. The general provisions for all medical and allied health professions contained in chapter 37 relating to jurisdiction, professional misconduct, proceedings in cases of professional misconduct, basis for disciplinary action and applicable disciplinary actions, shall apply to this Chapter as far as applicable.

§ 44.2. Definitions

The following words and phrases, as used in this chapter or in regulations made there under, shall have the meanings ascribed to them unless the context otherwise requires:

1. **"Board"** means the Liberia Allied Health Practitioners Board established under Section 44.3.

§ 44.3. Establishment of the Liberia Allied Health Practitioners Board

1. There is hereby established a cooperate body to be known as the Liberia Allied Health Practitioners Board which shall operate as an autonomous and separate body from the Ministry of Health with the sole purpose of guiding, regulating and promoting the interest of allied health professionals.
2. The Board shall be directly under the jurisdiction of the Liberia Health Professions Council (LHPC).

§ 44.4. Powers & Functions of the Board

The Board is a legal statutory body with its own seal insignias and identifying signal that distinguishes it from other bodies. In the performance of its functions, the board has the capacity and authority to:

1. Hold, purchase, or otherwise acquire, secure, dispose of or alienate movable or immovable property in the course of and in furtherance of its function and mandate;
2. Create regulation, policies and methods of punishment to regulate the practice;
3. Create a code of conduct for allied health practitioners;
4. Control, supervise and administer the assets and funds of the Board in such manner and for such purposes as best supports the purpose for which the Board was established;
5. Receive grants, gifts, donations, or endowments for the betterment of the Board;
6. Set and collect license fees from its members based on the rates determined by the Board;
7. Make by-laws and regulations or rules for its governance;
8. Register all persons engaged in or desiring to engage in the practice;
9. Establish procedures and set guidelines for the licensing of all allied health practitioners;
10. Issue licenses to persons qualified to be allied health practitioners;

11. Suspend or revoke licenses as appropriate;
12. Create, maintain, and update the records of all its members;
13. In collaboration with the authority of relevant schools, develop and harmonize the curriculum of such schools in the Republic of Liberia;
14. Administer examinations for candidates;
15. Set professional standards for the practice of medicine as allied health practitioners;
16. Establish disciplinary actions for violations of the professional standards set by the Board;
17. Supervise all officials of the Board;
18. Suspend officials of the Board for acts deemed as unethical and administrative negligence; and
19. Engage in any legal and lawful activity for the Board.

§ 44.5. Composition of the Board

1. *The Board shall consist of:*
 - (a) The Presidents of the Association of each constituent profession
 - (b) The directors of schools teaching any of the allied health professions
 - (c) One (1) representative of civil society appointed by the Allied Health Workers Association
 - (d) A Legal Advisor (non-voting).
2. *Leadership of the Board*

The members of the Board shall, from among themselves, elect:

 - (a) A Chairman elected by members of the Board.
 - (b) A Vice chairman elected by members of the Board
 - (c) An Executive Secretary of the Board

§ 44.6. Tenure of Members

The members of the Board shall serve for a period of four (4) years and shall be eligible for no more than two terms. For each term, the members of the Board shall elect a Chairman and Vice Chairman, who shall serve for no more than the four years. The legal advisor shall have no voting powers.

§ 44.7. Requirements for licensing

Any person who holds a certificate, diploma, bachelor or master in a related program either in Liberia or abroad and who has passed the relevant Board examination shall be licensed to practice. Only a person licensed or otherwise authorized under the provisions of this chapter shall practice as an environmental health practitioner, laboratory technologist/technician, X-Ray technician or social worker.

§ 44.8. Unauthorized Practice of Professions

1. Anyone not authorized to practice any of the professions under the provisions of this Chapter, but who practices or holds herself/himself out as being able to so practice, or who aids, abets, or facilitates an unlicensed person to so practice, or who fraudulently sells, files, furnishes, obtains or attempts to sell, file, furnish or obtain a diploma, license, record or permit purporting to authorize the practice, has committed a felony of the second degree.
2. Any person or entity not authorized to teach the practice of any such profession under the provisions of this Chapter but who holds himself/herself or itself out to be able to teach the practice of said professions, or who aids, abets, or facilitates an unlicensed school in such teaching has committed a felony of the second degree.

§ 44.9. Admission of foreign Allied Health Workers in the practice

A professional allied health practitioner legally qualified in a foreign country may qualify in Liberia for a license as an allied health practitioner by filing an application to the Board, sitting and passing Board administered examination and submitting evidence as to the following matters:

1. That the applicant has completed a course of study in the practice, which the Board approved as a satisfactory equivalent to that required in Liberia;
2. That the applicant has been duly licensed in a foreign country as an allied health practitioner;
3. If successful in the board exam, be allowed and/or permitted to practice under the supervision of a licensed allied health practitioner for at least 6 months after which license shall be issued;

§ 44.10. Persons exempt from license requirement

This chapter shall not be interpreted as prohibiting any of the following activities:

1. the practice by students enrolled in approved schools or programs as may be incidental to their course of study;
2. the practice in Liberia during an emergency or disaster by any legally qualified allied health practitioner of another country recruited by governmental authority for such emergency or disaster service, provided such person does not represent or hold himself or herself out as an allied health practitioner licensed to practice in the Republic;
3. a practitioner who is licensed in another country, who is visiting a teaching school or teaching hospital in the Republic of Liberia to conduct academic instruction relating any of the constituent profession, provided such practice is limited to such instruction;
4. the practice in Liberia by a foreign allied health practitioner whose application for registration by reciprocity is pending for 1-3 months. Provided that such practice of must be under the supervision of a corresponding allied health practitioner, PA or physician licensed in the Republic of Liberia.

5. the care of the sick when done in connection with the practice of the religious tenets of any religion by adherents thereof.

Chapter 45: TRADITIONAL AND ALTERNATIVE/COMPLEMENTARY MEDICINES

- § 45.1. *Application & Objectives of Chapter*
- § 45.2. *Definitions*
- § 45.3. *Establishment of the Traditional and Alternative/Complementary Medicine & Practice Board (TACMPB)*
- § 45.4. *Composition of the Board*
- § 45.5. *Tenure of Office of Members*
- § 45.6. *Powers and functions of the Board*
- § 45.7. *Establishment and Appointment of Committees*
- § 45.8. *Meetings of the Board*
- § 45.9. *Appointment of Registrar*
- § 45.10. *Functions of the Registrar*
- § 45. 11. *Register of Traditional and Alternative/Complementary Medicine Practitioners*
- § 45.12. *Appointment of Administrative Secretary*
- § 45.13. *Appointment of other staff*
- § 45.14. *Funds of the Board*
- § 45.15. *Ministerial Responsibility and Directives*
- § 45.16. *Registration of Practitioners*
- § 45.17. *County and District Offices of the Board*
- § 45.18. *Qualification for registration*
- § 45.19. *Registration of non-citizens*
- § 45.20. *Renewal of certificate of registration*
- § 45.21. *Titles of practitioners*
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- § 45.25. *Licensing of practices*
- § 45.26. *Application and conditions for license*
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- § 45.28. *Display of license*
- § 45.29. *Application by non-citizen*
- § 45.30. *Revocation, suspension and refusal to renew license*
- § 45.31. *Notice of revocation, suspension or refusal to license*
- § 45.32. *Effect of suspension or cancellation of license*
- § 45.33. *Representation to the Board*
- § 45.34. *Power of entry and inspection*
- § 45.35. *Obstruction of Inspector*
- § 45.36. *Notification of coroner*
- § 45.37. *Accounts and Audit*
- § 45.38. *Annual Report and Other Reports*

§ 45.39. *Regulations*

§ 45. 40. *Establishment of the Traditional, Alternative/Complementary Division at Ministry*

§ 45.41. *Offenses*

§ 45.1. Application & Objectives of Chapter

1. *Application*

- (a) This Chapter shall apply to traditional, alternative, and complementary health practitioners.
- (b) In case of proceedings before the Board, the Chapter shall apply to all traditional, alternative, and complementary health practitioners irrespective of whether or not any such health practitioner is registered or enrolled.

2. *Objectives of Chapter.* The objectives of this Chapter are as follows:

- (a) To encourage scientific research and develop traditional and alternative/complementary health care systems that have direct impact on public health care;
- (b) To promote and advocate for the use of traditional, alternative/complementary, preventive, and curative health care programs that have been proven to be safe, effective, cost effective and consistent with government standards on medical practice;
- (c) To develop and coordinate skills training courses for various forms of traditional and alternative/complementary health care programs;
- (d) To formulate standards, guidelines and codes of ethical practice appropriate for the practice of traditional and alternative health care as well as in the manufacture, quality control and marketing of different traditional and alternative/complementary health care materials (natural and organic products) for approval and adoption by the appropriate government agencies;
- (e) To formulate policies for the protection of indigenous and natural health resources and technology from unwarranted exploitation, for approval and adoption by the appropriate government agencies;
- (f) To formulate policies that strengthen the role of traditional and alternative/complementary health care delivery system; and
- (g) To promote evidence based traditional and alternative/complementary health care in international and national conventions, seminars and meetings in coordination with the ministries of Internal Affairs and Information, Cultural Affairs & Tourism as well as non-governmental organizations and local government units.

§ 45.2 Definitions:

In this Chapter, unless the context otherwise requires, the following words shall have the meanings ascribed to them:

1. **"alternative/complementary health Practitioner"** means a person formally trained who has acquired knowledge, skills and competence in alternative medicine practices and disciplines as prescribed by the Traditional and Alternative/Complementary Medicine & Practice Board. The term shall include complementary medicine practitioners;
2. **"Alternative/complementary Medicine"** means medical products and practices that are not part of standard care; irrespective of whether such products or practices are merely complementary in nature to modern medicine.
3. **"Association"** means an association or body of associations of Traditional or Alternative/Complementary Medicine Practitioners recognized by the Traditional and Alternative/Complementary Medicine & Practice Board;
4. **"bio-diversity"** means living things of varied nature;
5. **"Board"** means the Traditional and Alternative/Complementary Medicine & Practice Board (TACMPB) established under Section 45.3;
6. **"citizen"** means citizen of Liberia;
7. **"Committee"** means a Committee of the Board established under Section 45.7(1) or 45.7(2).
8. **"function"** includes powers and duties;
9. **"herbal medicines"** means any finished labeled medicinal products that contain as active ingredients aerial or underground parts of plants or other plant material or the combination of them, whether in the crude state or as plant preparation. Herbal medicines may contain excipients in plant material in addition to the active ingredients and in exceptional cases may also contain natural organic or inorganic active ingredients which are not of plant origin;
10. **"plant material"** includes juices, gums, fatty oils, and any other substances of this nature;
11. **"traditional health practitioner"** means a traditional medicine practitioner whose practice uses herbs and any other naturally occurring substances;
12. **"Traditional and alternative/complementary medicine"** means the total sum of knowledge and practice, whether explicable or not, other than those embodied in Modern or Western Medicine used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness;
13. **"traditional medicine"** means practices based on beliefs and ideas recognized by the community to provide health care by using herbs and any other naturally occurring substances.

§ 45.3. Establishment of the Traditional and Alternative/Complementary Medicine & Practice Board (TACMPB)

1. There is established by this Chapter a corporate body to be known as the Traditional and Alternative/Complementary Medicine & Practice Board (TACMPB).
2. The Board shall have perpetual succession, a common seal and may sue and be sued in its own name.

3. The Board shall, for and in connection with the purpose of this Chapter, be capable of holding, purchasing and otherwise acquiring and disposing of movable and immovable property and may enter into a contract or any other lawful transaction.
4. Nothing in this Chapter shall be construed to prohibit or prevent the practice of traditional or customary systems of therapeutics or the practice of druggists authorized by any law; but nothing in this Chapter shall be construed to authorize the practice of any customary system of therapeutics which is dangerous to life or health.
5. For the purpose of this Chapter, all herbalists, traditional healers, and Traditional and Alternative/Complementary Medicine practitioners (in so far as their practices relate to the treatment, prevention and diagnosis of diseases or the treatment and care of sick persons) are hereby removed from the Ministry of Internal Affairs and placed under the Ministry of Health for proper accountability, quality and quantity control of herbal medicinal measurement before it can be administered to human subjects. Provided however, that nothing in this Chapter shall be construed as granting jurisdiction over non-health related traditional and cultural practices such as the Poro and Sendi societies or magical and religious rites to the TACMPB.
6. The Board shall be directly under the jurisdiction of the Liberia Health Professions Council (LHPC).
7. The chairperson of the board shall be a member of LHPC.

§ 45.4 Composition of the Board

1. The Board shall be composed of:
 - (a) the Chief Medical Officer (Deputy Minister for Health Services), Republic of Liberia (permanent member);
 - (b) the Director General of the Liberia Medicine and Health Regulatory Authority (LMHRA) (permanent member);
 - (c) the Minister of Agriculture (permanent member) ;
 - (d) the Minister of Internal Affairs (permanent member);
 - (e) The head of the National Council of Chiefs and Elders
 - (f) the Managing Director of Forestry Development Authority (FDA) (permanent member)
 - (g) one person appointed by the Pharmacy Board;
 - (h) one person appointed by the School of Pharmacy;
 - (i) three traditional health practitioners representing all the counties appointed by the members of the Board at its first meeting;
 - (j) three alternative/complementary health practitioners (as soon as any are licensed) appointed by appointed by the members of the Board at its first meeting; and

- (k) A legal advisor appointed by appointed by the members of the Board at its first meeting (non-voting).
2. The Chairperson, Vice Chairperson, Secretary and other officials of Traditional and Alternative/Complementary Medicine & Practice Board (TACMPB) shall be elected by members of the board.

§ 45.5. Tenure of Office of Members

1. A non-permanent member of the Board shall hold office for a period not exceeding three years and is eligible for re-nomination/election but shall not hold office for more than two terms in succession.
2. Where a member of the Board resigns, dies, is removed from office or is for a reason unable to function as a member of the Board, the institution represented by the member shall re-nominate a new member.
3. A member of the Board may at any time resign from office in writing addressed to the Board leadership
4. A non-permanent member of the Board who is absent from three consecutive meetings of the Board without sufficient cause ceases to be a member of the Board.
5. The Chairperson, on request by majority members of the Board, may by letter addressed to a member revoke the appointment of that member.

§ 45.6. Powers and Functions of the Board

The Board shall have the following powers and functions:

1. set standards and guidelines for the regulation of the practice of Traditional and Alternative/Complementary Medicine to protect the population from deception, fraud, and incompetence;
2. issue a certificate of registration to a qualified practitioner and license premises for a practice;
3. draft and enforce a code of conduct or ethics for alternative/complementary medicine practice;
4. determine the registration and licensing fees to be paid by practitioners;
5. to devise ways and means of raising funds for the attainment of the objectives of the Board;
6. promote and support training in traditional medicine and control the dissemination of information and all advertisements pertaining to traditional and alternative/complementary medicines;
7. approve in consultation with educational and research institutions determined by the Board the curriculum for training in traditional medicine in the institutions;

8. collaborate with the Ministry to establish model traditional medicine clinics, herbal farms, botanical gardens, and traditional medicine manufacturing units centers for provision of traditional medical care within the national health care delivery system;
9. advise the Minister on matters relating to and affecting the practice of traditional medicine;
10. collaborate with the appropriate agencies for large scale cultivation of medicinal plants and for the preservation of bio-diversity;
11. advise relevant agencies and institutions in writing on rules for the registration, advertisement, manufacture, packaging, preparation, labeling, sale, supply, exportation and importation of herbal medicine;
12. facilitating the practice and development of traditional and alternative/complementary health care;
13. collaborate with organizations with similar objectives within and outside Liberia;
14. monitor fees payable by clients for services provided by practitioners; ensure that all herbal medicine are tested and approved by LMHRA;
15. promote scientific research on Liberia's traditional herbal products;
16. and perform any other functions that are ancillary to the objectives of the Board;

§ 45.7. Establishment and Appointment of Committees

1. The following committees of the Board are hereby established.
 - (a) Finance;
 - (b) General Purposes;
 - (c) Research;
 - (d) Training; and
 - (e) Professional Standards and Ethics.
2. Notwithstanding Subsection (1), and subject to Subsection (3) below, the Board may appoint committees composed of members of the Board or nonmembers or both to perform any of its functions under this Chapter.
3. A committee of the Board shall be chaired by a member of the Board.
4. The Board shall determine the functions of each committee.

§ 45. 8 Meetings of the Board

1. The Board shall meet at least once every three months for the dispatch of business at the times and at the places determined by the chairperson.
2. The chairperson shall at the request in writing of not less than one-third of the membership of the Board convene an extraordinary meeting of the Board at the place determined by the chairperson.
3. The quorum at a meeting of the Board shall be five (5) members.

4. The chairperson shall preside at the meetings of the Board and in the absence of the chairperson a member of the Board elected by the members present from among their number shall preside.
5. Matters before the Board shall be decided by a majority of the members present and voting and in the event of an equality of votes the person presiding shall cast a vote to break the tie.
6. The Board may invite a person to attend a meeting of the Board but that person shall not vote on a matter for decision by the Board.
7. The proceedings of the Board shall not be invalidated by reason of a vacancy among the members or a defect in the appointment or qualification of a member.
8. A member of the Board who has an interest in a contract, or any other transaction proposed to be entered into with the Board or an application before the Board shall disclose in writing the nature of the interest and is disqualified from participating in the deliberations of the Board in respect of the contract, application or the other transaction.
9. A member who infringes Subsection (8) ceases to be a member of the Board.
10. Subject to this Section the Board shall determine the procedure for its meetings.

§ 45. 9. Appointment of Registrar

1. The chairperson of Liberia Health Professions Council (LHPC) shall appoint a practitioner with administrative and managerial experience, as the Registrar of the Board.
2. The Registrar shall hold office on the terms and conditions specified in the letter of appointment.

§ 45. 10. Functions of the Registrar

1. Subject to the directions of the Board, the Registrar is responsible for the day-to-day administration of the affairs of the Board and is answerable to the Board in the performance of functions under this Chapter.
2. The Registrar shall keep up-to-date records of registered practitioners and licensed practices under this Chapter.
3. The Registrar shall, as approved by the Board, issue and renew the registration certificates of practitioners and the licenses of places of practice.
4. The Registrar shall perform any other functions determined by the Board.
5. The Registrar may delegate functions to an officer of the Board but is not relieved from ultimate responsibility for the performance of a delegated function.

§ 45. 11. Register of Traditional and Alternative/Complementary Medicine Practitioners

The Registrar shall record in a register to be known as the Register of Traditional and Alternative/ Complementary Medicine Practitioners the names of registered practitioners and the premises licensed for practice under this Chapter.

§ 45. 12. Administrative Secretary

1. The chairperson of the board shall appoint an Administrative Secretary of the Board.
2. The Administrative Secretary shall assist the Registrar in the performance of his/her functions.

§ 45. 13. Appointment of other staff

1. The chairperson of the board shall, on the terms and conditions determined by (LHPC), appoint other staff of the Board.
2. The Board shall have any other officers and staff that are necessary for the proper and effective performance of its functions.
3. The Board may engage the services of consultants and advisers as the Board may determine on the recommendation of the Registrar.
4. Other public offices may be transferred or seconded to the Board or may otherwise give assistance to it.
5. A county or district office of the Board shall perform the functions of the Board in the county or district as directed by the Board.

§ 45. 14 Funds of the Board

The sources of money for the performance of the functions of the Board include:

1. Budgetary allotment by the Legislature;
2. fees and charges accruing to the Board in the performance of its functions under this Chapter;
3. donations and grants; and
4. other lawful means determined by the Board.

§ 45.15. Ministerial Responsibility and Directives

While the Board shall be under the direct supervision of the LHPC, the Minister shall have ministerial responsibility for the Board and may give to the Board directives of a general nature on the policy to be followed in the performance of its functions.

§ 45.16. Registration of Practitioners

1. A person shall not operate or own premises as a practitioner or produce herbal medicine for sale unless that person is registered in accordance with this Chapter.
2. A person seeking full or temporary registration shall apply to the Registrar in the manner determined by the Board.

§ 45.17. County and District Offices of the Board

The Board shall establish in each county capital and in political districts as determined by the Board, a functional county and district offices of the Board.

§ 45. 18. Qualification for registration

1. Where the Board is satisfied that
 - (a) an applicant has adequate proficiency in the practice of traditional medicine; provided however that the applicant must have served as an apprentice for five years or above and must be well known within the community he/she serves and be well known amongst other traditional medicine practitioners; and
 - (b) the application has been endorsed by the following:
 - i. the traditional chief or traditional coordinator of the community; or
 - ii. the county/district chairperson of his/her practice Association;

it shall direct the Registrar to enter the applicant's name in the Register of practitioners and issue the applicant with a certificate of registration on the payment of the prescribed fee by the applicant.
2. A person issued with a certificate under Subsection (1) shall be generally known as a practitioner for the purposes of this Chapter.
3. Registration under this Chapter is in addition to registration required under any other law in respect of the practice.

§ 45. 19. Registration of non-citizens

A person who is not a citizen may be temporarily registered as a practitioner where that person:

1. is the holder of a work permit or is otherwise entitled to engage in gainful employment in the Republic;
2. has a good working knowledge of English or an indigenous Liberian dialect, and
3. has proof of qualification and registration to practice in the country of origin or where that person was trained.

§ 45. 20. Renewal of certificate of registration

1. All certificates of registration issued under this Chapter shall expire one year from the date of issuance.
2. The certificate may be renewed subject to this Chapter.

§ 45. 21. Titles of practitioners

The Board, in consultation with the Association practitioners may prescribe the titles to be used by practitioners based on the type of service rendered and the qualifications of the practitioners.

§ 45. 22. Suspension of registration

The Board may suspend for a period determined by the Board, the registration of a practitioner where:

1. an offense in relation to the practitioner is being investigated;
2. allegations and establishment of probable cause of misconduct have been made against the practitioner;
3. a false declaration has been made in an application for a certificate or license issued to that practitioner; or
4. the practitioner has contravened a provision of this Chapter.

§ 45. 23. Cancellation of registration

1. A certificate of a practitioner shall be cancelled by the Board on the recommendations of a committee of the Board where the practitioner:
 - (a) has been convicted of an offense under this Chapter or Regulations duly made thereunder;
 - (b) has breached any of the terms of the license for the practice;
 - (c) has lost the qualification on the basis of which the registration was made;
 - (d) has been convicted to a term of imprisonment for a criminal offense; or
 - (e) has appeared before the Professional Standards and Ethics Committee which has recommended the cancellation of the certificate.
2. A certificate of a practitioner shall be cancelled if the Board considers it necessary in the interest of public health

§ 45. 24. Representation to the Board

A registration shall not be cancelled or suspended unless the Board has given the practitioner at least thirty days' notice of its intention to suspend or cancel the registration and has provided the practitioner an opportunity to make representations to the Board.

§ 45. 25. Licensing of practices

A person shall not own or operate a practice unless that person holds a license in respect of the practice issued under this Chapter.

§ 45. 26. Application and conditions for license

1. A person may apply to the Board for a license for a practice through the county/district office of the Board within the area in which the practice is to be operated in the form determined by the Board.
2. There shall be attached to the application the following:
 - (a) a description of the premises for the practice,
 - (b) evidence of ability of proposed practitioners in the practice and proof of their registration,

- (c) testimonials of each proposed practitioner in the proposed practice from the traditional chief or community dweller or association.
 - (d) two passport size photographs of each proposed practitioner in the practice,
 - (e) a list of the types of services to be rendered by the practice, and
 - (f) the prescribed licensing fee.
3. A license shall not be granted to an applicant unless the Board is satisfied that the applicant
 - (a) is registered as a practitioner under this Chapter,
 - (b) has the experience and competence to manage the practice in accordance with this Chapter; and
 - (c) has complied with any other requirement specified by the Board and any other relevant law.
 4. The Board may request from the applicant where necessary:
 - (a) clearance or an appropriate permit from the Environmental Protection Agency, and
 - (b) evidence of financial viability for the ownership and operation of the practice.

§ 45. 27. Issue and Renewal of License

1. Where the Board is satisfied that an applicant has fulfilled the conditions required under this Chapter for licensing of a practice, it shall approve the application and issue the applicant with a license.
2. The license shall expire after one year from the date of issuance and may be renewed subject to this Chapter.
3. The applicant shall pay, in respect of the license or a renewal of the license, the prescribed fee and a license or renewal shall not be issued or made unless the prescribed fee has been paid.

§ 45. 28. Display of license

The license shall be displayed in a prominent place in the practice which place shall be accessible to inspectors, the patients, or prospective patients.

§ 45. 29. Application by non-citizen

A non-citizen may apply to the Board through the County/district office of the Board within the area in which the practice is to be operated for a license to own or operate a practice where that person:

1. possesses a valid work permit;
2. has evidence of being trained in the practice of traditional medicine in the country of origin, where that person was not trained in Liberia, and has been registered or licensed as a practitioner;

3. has at least five years post qualification experience in a recognized institution of relevance to traditional medicine,
4. has passed
 - (a) an English language proficiency test where English is not the language trained in, or a similar test in a Liberian language, and
 - (b) a professional test set by the Board, where applicable;
5. has met the relevant requirements set out in Sections 45.26.

§ 45. 30. Revocation, suspension and refusal to renew license

The Board may revoke, suspend or refuse to renew a license of a practice where the Board is satisfied that:

1. the provisions of this Chapter have been violated or are not being satisfactorily complied with;
2. the continued operation of the practice creates risk to public health, safety or, in the mind of the Board, is indecent or unsanitary;
3. the services provided in the practice have deteriorated below the required standard;
4. qualified practitioners have not been employed by the owner or operator of the practice;
5. a practitioner in the practice is not a fit or qualified person to be so employed;
6. there is a breach of quality control requirements in the preparation of the herbal medicine dispensed by the practice; or
7. there has been a violation of other relevant laws of Liberia.

§ 45. 31. Notice of revocation, suspension or refusal to license

Where the Board intends to revoke, suspend or refuse to issue or renew a license of a practice, the Registrar shall give the licensee or applicant:

1. notice of the revocation, suspension or intention to refuse,
2. reasons for the intention to revoke, suspend or to refuse, and
3. an opportunity to make representations to the Board.

§ 45. 32. Effect of suspension or cancellation of license

1. Where the license of a practice is suspended or cancelled under this Chapter the premises shall be closed down and the Board shall arrange for the discharge or transfer of the patients to another treatment facility.
2. Despite subsection (1), the Board may direct a patient to remain on the premises and continue to receive necessary treatment.

§ 45. 33. Representation to the Board

1. An applicant or licensee who receives a notice under Section 45.31 may make a representation to the Board within 30 days from the date of receipt of the notice. The Board shall, within three months of the receipt of a representation, take a decision on the representation and inform the applicant of its decision.
2. Where a representation is not made under Subsection (1), the Board may refuse to issue a license applied for or may revoke a license or temporarily close the practice after the time specified under Subsection (1) has expired.
3. Where representation is made the affected practice shall, subject to Section 45.32(2) not operate until the case is determined by the Board.

§ 45. 34. Power of entry and inspection

1. A member of the County Health Team authorized by the Board may enter a practice or a place used or suspected to be used for the production of herbal medicines for sale to investigate activities there and make a report to the Board.
2. The member of the County Health Team shall at the request of the person in charge of the place of practice produce the authorization of the inspector.
3. Where an authorized member of the County Health Team enters premises by virtue of Subsection (1) the authorized inspector shall inspect:
 - (a) the license, register, books, equipment, and materials of the practice;
 - (b) the registration certificate of any practitioner;
 - (c) the premises;
 - (d) the herbal medicines and may conduct random sampling of the herbal medicines to determine compliance with quality control requirements; and
 - (e) any other thing which is relevant to the investigation.
4. The Board shall cause each practice to be inspected at least once a year.
5. A police officer may enter any premises if that officer has reasonable cause to believe that an offense with respect to this Chapter has been or is being committed on the premises.
6. The Board may order the temporary closure of a practice in the presence of a police officer if it considers it in the public interest to do so.
7. This Section shall not be construed as authorizing the inspection of a patient's medical records in a practice.

§ 45. 35. Obstruction of Inspector

No person shall obstruct an authorized inspector in the performance of a function under this Chapter.

§ 45. 36. Notification of coroner

A practitioner shall notify a coroner within twenty-four hours of a death which occurs on the premises of the practice.

§ 45. 37. Accounts and Audit

1. The Board shall keep books of account and proper records in relation to them in accordance with Generally Accepted Accounting Principles and the Public Financial Management Law.
2. The accounts of the Board shall be subject to audited by the General Auditing Commission.
3. The financial year of the Board shall be the same as the financial year of the Government.

§ 45. 38. Annual Report and Other Reports

1. The Board shall as soon as practicable after the expiration of each financial year but within six months after the end of the year submit to the Minister an annual report covering the activities and the operations of the Board for the year to which the report relates.
2. The annual report submitted under Subsection (1) shall include the report of the Auditor-General.
3. The Board shall also submit to the Minister any other report that the Minister may in writing require.

§ 45.39. Regulations

The Board shall, subject to the approval of the LHPC, make Regulations to:

1. prescribe the standards of safety and sanitary conditions of a practice;
2. prescribe a code of ethics for practitioners and for disciplinary matters;
3. regulate the arrangements for sterilization and disinfection of a practice and the prevention of spread of infections from a practice;
4. prescribe the register and records to be kept in respect of a practice;
5. prescribe the fees to be paid for registration of practitioners and the licensing of a practice;
6. regulate the preparation and storage of herbal medicines;
7. regulate the sale of herbal medicine on vehicles and in public places;
8. prescribe the mechanism of consultation between the Board and other professional boards in the health sector or other agencies;
9. prescribe by regulation monetary fines for violations of this chapter; and
10. prescribe the scope of services of a practitioner based on areas or specialties

§ 45. 40. Establishment of the Traditional, Alternative/Complementary Division at Ministry

1. There is hereby established at the Ministry a division to be known as the Traditional, Alternative/Complementary Medicine Division. The Division shall ensure that traditional, alternative and complementary medicines are effectively practiced side by side with stander modern medicine.
2. The Minister shall appoint a Director and Assistant Director, each of whom shall hold a degree in Alternative or Complementary Medicine.

§ 45. 41. Offenses

A person who:

1. owns or operates a practice without registering as a practitioner under this Chapter;
2. owns or operates an unlicensed practice;
3. uses a practice for services other than those for which it is licensed;
4. makes a false declaration in pursuance of an application for registration or for a license;
5. provides the Board with false information concerning a practice;
6. obstructs the entry for inspection of an authorized inspector;
7. prevents an authorized person from closing down the practice;
8. disregards safety Regulations made under this Chapter;
9. pollutes the environment in the course of operations under this Chapter;
10. works in a practice without the appropriate qualification or registration;
11. uses a title to which that person is not qualified;
12. operates from a vehicle without a full address being written boldly on that vehicle;
13. fails to keep the required register or records prescribed by Regulations;
14. fails to notify a coroner of death in the practice;
15. contravenes a provision of this Chapter;

Commits an offense and is liable, on conviction, to a fine imposed by regulation made pursuant to this Chapter or to a term of imprisonment not exceeding two years or to both the fine and the imprisonment; in the case of a continuing offense, to a further fine as per regulation for each day that the offense continues after written notice has been served on the offender by the Board. The Court may order temporary or permanent closure of the practice in lieu of fine or imprisonment.

Chapter 46. OVERSIGHT OF LICENSED INSTITUTIONS

§ 46.1. Revocation or suspension of institutions' licenses and permits

§ 46.2. Exemption from liability for voluntary provision of health care services by health professionals rendering services in emergencies

§ 46.3. Procedure to file Complaints

§ 46.4. Unauthorized Training and Practice of Health Professions

§ 46.1. Revocation or suspension of institutions' licenses and permits

The license or permit of a pharmacy, registered medicine store, wholesaler, manufacturer, clinics or training institutions may be revoked or suspended by the issuing board for violations of the provisions of this chapter in accordance with the procedures set forth in Section 37.12.

§ 46.2. Exemption from liability for voluntary provision of health care services by health professionals rendering services in emergencies

Notwithstanding any inconsistent provision of law, any valid licensed health professional who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment within their scope of practice at the scene of an accident or other emergency occurring outside of a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries sustained by such person or for damages for the death of such person, occurring by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such licensed health professional. Nothing in this Section shall be deemed or construed to relieve a licensed professional from liability for damages for injuries or death caused by an act or omission on the part of such health professional while rendering professional services in the normal and ordinary course of practice.

§ 46.3. Procedure to file Complaints

1. Any health professional may file a complaint to the relevant board about the manner in which he/she is being managed at a Health or Training institution or through the approved professional association.
2. All complaints filed to a board shall be investigated no later than 14 days after the complaint is filed. In an event the complainant is dissatisfied with the judgement of the investigation, he/she may file an appeal be filed to the Liberia Health Profession council for relief.

§ 46.4. Unauthorized Training and Practice of Health Professions

1. Any individual not authorized to the various categories of health professions under the provisions of this Title, but who practices or teaches or holds herself/himself out as being able to practice and teach in which a license/permit is a pre-requisite, or who aids, abets, or facilitates an unlicensed person to practice or teach any of these professions, or who fraudulently sells, files, furnishes, obtains or attempts to sell, file, furnish or obtain a diploma, license, record or permit purporting to authorize the practice of the professions, has committed a felony of the second degree.
2. Any individual or entity not authorized to teach the practice of any of these professions under the provisions of this Title but who holds itself out to be able to teach the practice of any of these professions, or who aids, abets, or facilitates an unlicensed school in the teaching of these professions has committed a felony of the second degree.

PART IX

LABORATORY BIO-SAFETY AND BIO-SECURITY

Chapter 47. REGULATION OF BIOLOGICAL AGENTS

§ 47.1. Definitions

§ 47.2. Authority of the Director General to identify biological agents, pathogens, and toxins

§ 47.3. Who may access biological agents or samples

§ 47.4 Regulations for places where biological agents are kept

§ 47.5. Duties of persons with access to biological agents

§ 47.6. Biological agents and samples not to be released to the environment

§ 47.7. Regulation of import and export of biological agents, vectors, samples or hazardous waste

§ 47.8. Liability for release

§ 47. 1. Definitions

When used in this chapter, the following terms shall have the meanings herein ascribed to them:

1. "**Agent**" refers to biological agents such as bacterium, virus, protozoan, parasite, fungus, toxin, or pathogen that pose biological hazards to life. It includes, but not limited to, agents or toxins listed by the Minister in regulations made pursuant to this chapter.
2. "**Environment**" includes water, air, soil, plant life and wild life, natural ecosystems and their constituent parts, all natural and physical resources; the social, economic, artistic, and cultural conditions which are affected by changes caused by biological agents.
3. "**Health care waste**" includes but is not limited infectious wastes, pathological wastes, sharps, pharmaceuticals, gene toxics, radioactive wastes, coagulated blood wastes and drugs.
4. "**Hazardous waste**" means any solid, liquid, gaseous or sludge waste which by reason of its chemical reactivity, environmental or human hazardousness, infectiousness, toxicity, explosiveness and corrosiveness is harmful to human health, life and environment;
5. "**Sample**" refers to biological samples or any type of biological specimen such as cells, internal organs, veins, or fluids as defined in by regulations of the Ministry.
6. "**Traditional knowledge**" is the knowledge, know-how, skills and practices that are developed, sustained and passed on from generation to generation within a community and which may form part of the cultural or spiritual identity of such community.

§ 47.2. Authority of the Director General to identify biological agents, pathogens, and toxins

The Director General shall have authority to, by regulation:

1. identify and prohibit toxins and to list agents of concern that are regulated but not prohibited. The Director General may divide such identified toxins and agents into groups according to their risk and govern their use accordingly.
2. categorize toxins and agents in accordance to their ability to be used as a weapon, potential for infection, means of transmission, communicability within a population and between animals and humans, gravity of potential harm, and the potential to promote safe use through effective measures.

§ 47.3. Who may access biological agents or samples

1. No person (natural or legal) shall access biological agents, except:
 - (a) He/she or the institution for which he/she is working, has received a permit specifically stating such purpose from the Minister, and indicating the exact nature of the biological agent or sample with which he/she is expected to be in contact, and the type of procedure for which he/she seeks to have such access;
 - (b) He/she is assigned or has obtained permission from an institution meeting specifications for the handling of such agents or samples to conduct such work in their premises;
 - (c) He/she has no history of ethical transgression in his practice;
 - (d) He/she is a licensed health or laboratory worker in good standing and accepted to practice in Liberia;
 - (e) He/she or the institution has documented expected benefits of his or her research to Liberia;
2. No part of the above shall be seen as revoking the existing authority of the Ministry of Agriculture and/or other government agencies authorized by law from bringing such or from importation and handling such biological agents and/or samples as necessitated by their mandate.
3. No permit, license or authorization shall be issued for activities that threaten the environment, intellectual property rights, community, traditional knowledge, or lives.

§ 47.4. Regulations for places where biological agents are kept

1. The Minister, in collaboration with the Director General, shall promulgate regulations for the issuance of Certificates of Registration for the operation of institutions allowed to perform work with biological agents or samples, which regulation shall include at the minimum:
 - (a) That the institution has provided full disclosure as to the nature of the research it seeks to perform and commits to remaining open to disclosing such further information as needed and when requested by the Ministry;

- (b) That the institution has funding for the conduct of the research in which it seeks to be engaged;
- (c) That the institution has the capacity to isolate the agents or samples it works with from the environment;
- (d) That the institution has adequate safeguards against occupational health hazards;
- (e) That the institution has adequate measures to respond to emergencies or accidents on its premises;
- (f) That the institution has secured the service of requisite qualified staff for the duration of the research;
- (g) That the institution is secured from unauthorized access, theft, burglary, and vandalism.

2. *Authorities of the Ministry & NPHIL*

The Ministry and NPHIL shall have the right to enter public and private laboratories for the purpose of conducting risk assessments or safety monitoring on which lab Certificates of Registration are issued.

§ 47.5. Duties of persons with access to biological agents

Persons who have obtained a permit to work with biological agents or samples, shall have these duties in addition to any and all others made in regulations by the Minister and/or the Director General.:

1. To conduct themselves at all times in manner and form consistent with the laws of Liberia and ethics of the medical profession;
2. Take appropriate care to prevent accidental release of agents to the environment;
3. Neither partake in nor carry-out deliberate release of agents;
4. Give due care and attention to the state of equipment with which he/she works.
5. To immediately report to the NPHIL any spillage of agents or samples or their by-products with which they work;

§ 47.6. Biological agents and samples not to be released to the environment

All persons and institutions permitted to work with biological agents and samples are required:

1. To give highest consideration to the isolation of all biological agents and samples being worked on within their premises;
2. To provide all possible safeguards for the safety of agents and samples which may for any reason be required to transit to or from their premises;
3. To immediately report to the Minister and/or NPHIL if the whereabouts of any person working with or having access to biological agents or samples cannot be established;

4. To begin immediate remedial action if any spillage or accident that may lead to spillage occurs;

§ 47.7. Regulation of import and export of biological agents, vectors, samples or hazardous waste

The NPHIL, shall adopt regulations specifying qualifications and requirements for the import and export of biological agents, toxins, or samples to include but not be limited to the following:

1. No person shall import into the Republic, nor distribute after importation, any etiological agent or any arthropod or other animal host or vector of human disease, or any exotic living arthropod or other animal capable of being a host or vector of human disease unless accompanied by a permit issued by the Director General and/or the Ministry of Agriculture.
2. All packages being offered for transport must comply with all national laws and international regulations for ground and air transport in order to protect the safety of the laboratory staff, support staff, the environment, and the public.
3. No person shall make arrangements to receive or ship an etiological agent, vector, animal, or plant before ascertaining the necessity for a permit and obtaining a permit when required.
4. Etiological agents and vectors of human or animal disease shall be transported only in vehicles fitted for such purposes. All applicable packaging requirements of the Ministries of Transport and Post and Telecommunications regulations must be followed.
5. No person shall distribute a permitted etiological agent or vector of human disease unless the intended recipient provides a copy of the appropriate permit authorizing the receipt of the material.
6. Any person wanting to personally transport etiological agents and/or vectors of human or animal disease via air must have the material packaged by an appropriately trained and certified individual, following packaging instructions and regulations herein provided for. The material must be declared prior to departure.
7. No organisms or vectors shall be imported into the Republic or transported from one county to another without a permit issued by the Director General and in compliance with the terms thereof.
8. No institution shall transport out of Liberia any samples obtained from research (samples and biological agents), without giving assurance of access to said samples and consequently receiving the required permit from the Director General. To the extent possible, all or part of the biological samples or agents shall be kept in Liberia.
9. No unauthorized transit of biological samples or agents shall be permitted.

§ 47.8. Liability for release

1. Persons and institutions permitted to work with biological agents or samples, shall:
 - (a) Obtain insurance coverage consistent with the level of risk of the work they perform and sufficient to cover costs that may occur during any release, mishap or accident, originating from, occurring in or affecting their premises;
 - (b) The intentional or negligent release of a biological agent or sample shall be prosecuted as a first or second degree felony under the laws of Liberia, with the degree related to the intensity of the health effects that might be expected or actually occur from the release of the pathogens;
 - (c) Persons or institutions involved in unintentional release of agents or samples to the environment, shall be subject to other such penalties as established by laws and regulations to include but not be limited to the revocation of their license or permit;
 - (d) Failure to comply with import and export requirements shall result in shipment release delays or shipment confiscation and destruction by the NPHIL.
2. No person shall import hazardous wastes or any other wastes into the Republic.
3. A person shall not dispose of hazardous waste on land or water body unless the Environmental Health Impact Assessment is carried out in accordance with the Environmental Protection & Management Law.
4. Without prejudice to §47.8(1)(b & c), noncompliance with this chapter or regulations duly made under it shall result in civil and/or criminal penalties as determined by regulation including revocation of permits or closure of institutions.

Chapter 48. HEALTHCARE WASTES

§ 48.1. Definitions

§ 48.2. Handling & Disposal of healthcare waste

§ 48.3. Penalty for violating provisions on medical waste

§ 48.1. Definitions

In this Chapter or in any regulations made pursuant thereto, unless the context otherwise requires:

1. "**Healthcare waste**" Bio-medical waste' means any waste which is generated during the diagnosis, treatment or immunization of human beings or animals or in research activities pertaining thereto or in the production or testing of biologicals.

§ 48.2. Handling & Disposal of Healthcare waste

1. The Director General shall, in collaboration with the Environmental Protection Agency, and local authorities, adopt, and the Division of Environmental Health shall enforce rules for the use of appropriate professionals, equipment, processes (packaging, storage, segregation, treatment, and disposal) of:

- (a) Medical waste at facilities where medical waste is generated;
 - (b) Medical waste from the point at which the waste is transported from the facility where it was generated;
 - (c) On-site and off-site treatment of medical waste; and
 - (d) The off-site transport, storage, treatment and disposal of medical waste.
 - (e) prescribe the best possible methods for final disposition of various types of health care wastes;
 - (f) prescribe the best possible methods for handling and the disposal of veterinary drugs;
2. Notwithstanding the provisions of Section 48.2(1) all healthcare wastes shall be sorted and stored in prescribed coded containers and transported in waste vehicles designed and registered for that purpose.
 3. Facilities where medical wastes are produced will be subject to the regulations produced by the NPHIL.

§ 48.3. Penalty for violating provisions on medical waste

All persons and institutions have a duty to take all steps necessary to ensure that waste is handled without adverse effect to human health and the environment. A person institution violating provisions of this Chapter or regulations made thereunder shall be subject to penalties as established under Sections 47.8(1)(b) and 47.8(1)(c) or regulations of the NPHIL, whichever is more specific.

PART X

HEALTH AND RELATED RIGHTS

Chapter 49. SEXUAL AND REPRODUCTIVE HEALTH

Subchapter A. Sexual and Reproductive Rights

§ 49.1. *Definitions*

§ 49.2. *Sexual and Reproductive Rights*

§ 49.3. *Access to sexual and reproductive healthcare and family planning services*

§ 49.4. *Adolescent sexual and reproductive health*

§ 49.5. *Maternal and newborn healthcare*

§ 49.6. *Abortion*

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Subchapter B. Sexuality Education

§ 49.9. *Right to Sexuality Education*

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§ 49.11. *Components of quality sexuality education*

§ 49.12. *Curriculum Development*

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Subchapter A. Sexual and Reproductive Rights

§ 49.1. Definitions

As used in this Section and in any rules made thereunder, unless expressly stated or the context otherwise requires, the following terms have the meanings ascribed to them:

1. **“Abortion”** means the separation and expulsion of the products of conception, by medical or surgical means, of a pregnancy.
2. **“Unsafe abortion”** - a procedure for terminating a pregnancy performed by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both
3. **“Adolescent”** means any person aged 10 to less than 18.
4. **“Contraception”** means the deliberate prevention of pregnancy by measures that prevent the normal process of ovulation, fertilization and implantation.
5. **“Emergency contraception”** means contraceptive methods used up to 120 hours following unprotected sexual intercourse to prevent pregnancy.

6. **“Family Planning”** means the conscious effort of couples or individuals to plan for and attain their desired number of children and to regulate the spacing and timing of their births with or without the use of contraceptive commodities.
7. **“Family Planning Services”** means methods, counseling, information and education concerning Family Planning.
8. **“Legally emancipated adolescent”** means a person who is not legally an adult but who, because he or she is married, or is otherwise no longer under the care, supervision and control of his/her parents; exercises general control over his/her own life including giving effective consent for medical or surgical care without parental permission.
9. **“Maternal care”** includes healthcare of a woman or girl during pregnancy, childbirth and up to 42 days after childbirth.
10. **“Maternal and newborn death surveillance and response (MNDSR)”**-a continuous cycle of identification and review of maternal and newborn death followed by actions to improve quality of care and prevent future deaths
11. **“Newborn Care”** means all healthcare provided for newborns from birth to 28 days of life.
12. **“Post-abortion care”** includes counseling and management of a person who has had an abortion or complications arising from abortion including family planning.
13. **“Reproductive health”** includes complete physical, mental and social well-being, not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.
14. **“Sexual health”** means the ability to have a satisfying and safe sex life.
15. **“Skilled birth practitioner”** - a health professional licensed and accredited as a physician, physician assistant, nurse, or midwife, who has been educated and trained to proficiency in the skills needed to manage pregnancies, childbirth and the postnatal period, and in the identification, management and referral of complications in women and newborn.
16. **“Sexuality education”** refers to the provision of information about bodily development, sex, sexuality, and relationships, along with skills-building to help young people communicate about and make informed decisions regarding sex and their sexual health

§ 49.2. Sexual and Reproductive Rights

All individuals have the right to attain the highest standard of sexual and reproductive health and to make informed choices regarding their sexual and reproductive lives free from discrimination, coercion, or violence. Sexual and reproductive rights include, but are not limited to, the right to:

1. quality and accessible sexual and reproductive health care services;
2. protection from gender, religious, ethnic or age discrimination as well as harmful cultural practices;
3. decide freely and responsibly the number, spacing, and timing of one’s children, and to have access to safe, effective, affordable and acceptable methods of family planning of one’s choice;

4. safe pregnancy, childbirth, antenatal, natal, and post-natal care and services;
5. access safe reproductive technologies, including artificial insemination;
6. safe and accessible abortion-related care as provided for in this Chapter;
7. information, counseling and services for the prevention and treatment of sexually-transmitted infections;
8. information, education and services on all matters of sexual and reproductive health, including infertility, menopause and reproductive cancers;
9. specialized education for children, adolescents and marginalized groups on sexual and reproductive health and rights;
10. receive information about one's health condition and any medical care required;
11. confidentiality of any medical or other information obtained by healthcare providers;
12. freely consent to the reproductive healthcare and services obtained;
13. prenatal diagnostics for the purpose of identifying fetal diseases and deformities;
14. essential newborn care and prevention, early detection and management of complications during the newborn period;
15. protection from unsafe cultural practices that have the proclivity to cause complications before and during the delivery of a child, and the right to reject same.

§ 49.3. Access to sexual and reproductive healthcare and family planning services

The Minister shall adopt regulations to ensure access to quality and acceptable sexual and reproductive health and family planning services, information, and education. The regulations shall ensure:

1. Access to information, diagnosis, preventive services and treatment of medical and surgical conditions affecting reproductive health, including sexually transmitted infections, breast and cervical cancer, prostate cancer, sexual dysfunction, obstetric fistula and other reproductive health conditions;
2. Access to the full range of contraceptive methods, including emergency contraception, provided by qualified and authorized individuals;
3. That individuals are provided with access to information on all methods of contraception, including advantages and disadvantages, so that they can give informed consent before accepting a contraceptive method;
4. That all contraceptives provided to persons are of internationally and nationally acceptable quality.

§ 49.4. Adolescent sexual and reproductive health

1. The Minister shall, in consultation with health professionals and other stakeholders, develop regulations, policies, and guidelines to facilitate the provision of sexual and reproductive health services specifically aimed at adolescents including the protection of

adolescent from physical and sexual violence and discrimination, cultural practices that violate the sexual and reproductive health rights of the adolescents.

2. If an adolescent fits one of the following categories, he/she may consent to all sexual and reproductive healthcare services without the consent of a parent or guardian:
 - (a) the adolescent who is married or has been married;
 - (b) the adolescent is sexually active;
 - (c) if she is pregnant;
 - (d) If he/she is a parent;
 - (e) the adolescent has been legally emancipated by a court or by conduct;
 - (f) if, in the opinion of the care provider, the health of the adolescent will be at risk if services are not provided.
3. The health care provider shall keep these services confidential. To help ensure confidentiality, healthcare providers shall:
 - (a) explain to the parent that the minor should be seen confidentially and ask the parent to notify the insurance company that you treated the minor confidentially based on his/her own consent and that disclosure of the information would be contrary to the patient's best interests.
 - (b) discuss insurance, billing and alternative forms of payment with the minor.
 - (c) educate the billing section of the care institution about the adolescent's rights to confidentiality and be sensitive to the information on bills sent home.
 - (d) consult with legal counsel before releasing any medical records that might result in harm to the minor.
 - (e) ask the minor for alternative contact information (address and phone numbers where the adolescent can be reached) if the patient does not want to be contacted at home.
 - (f) inform the patient if billing or the insurance claims process may compromise confidentiality.

§ 49.5. Maternal and newborn healthcare

1. The Minister shall adopt regulations to provide access to information, counseling and services to ensure safe pregnancy, childbirth, prenatal, natal, and post-natal and newborn care, diagnosis and treatment of post-partum complications, and to reduce maternal, newborn and infant morbidity and death. This shall include counseling of pregnant women, girls and their partners who are affected by or living with HIV on how to promote and sustain their reproductive health and reduce the risk of perinatal transmission of HIV. Pregnant women and girls shall be offered confidential counseling and testing for HIV/AIDS and shall be informed about mother to child transmission of HIV in accordance with Chapter 12 of this Title.
2. The Minister, in consultation with health professionals and other stakeholders, shall adopt regulations according to internationally and nationally acceptable standards:

- (a) to promote best practices on maternal and newborn health including
- (b) to facilitate the provision of affordable and quality maternal and newborn healthcare in all healthcare settings;
- (c) to facilitate the provision of adequate and acceptable community based maternal and newborn healthcare services;
- (d) to facilitate access to continuous and regular medical treatment for HIV positive mothers and children born to HIV positive mothers;
- (e) to establish measures to ensure availability of appropriate maternal and newborn medications, supplies and equipment;
- (f) to disseminate information on the health effects of harmful traditional and cultural practices;
- (g) to provide preventive and curative services to all women and girls who have undergone of harmful traditional and cultural practices;
- (h) to make provisions for the prevention and management of obstetric fistula.

§ 49.6. Abortion

1. *Prohibited abortion.*

- (a) *Before the twenty-fourth week.* A person who purposely or knowingly terminates the pregnancy of another, where the pregnancy has not progressed beyond twenty-four weeks, otherwise than by a request or consent from the one who is pregnant, commits a felony of the first degree, unless the abortion is justified under the provisions in §49.6(2)(a).
- (b) *Beyond the twenty-fourth week.* A person who purposely or knowingly terminates a pregnancy where the pregnancy has continued beyond the twenty-fourth week commits a felony of the first degree unless the abortion is justified under the provisions in §49.6(2)(b).
- (c) *Self-abortion.* It is prohibited for a woman to purposely or knowingly terminate her own pregnancy by the use of any means that inflict violence upon herself otherwise than by requesting and obtaining the services of a skilled birth practitioner. A person who induces or knowingly aids another to use instruments, violence or other means upon herself for the purpose of terminating her pregnancy otherwise than by a skilled birth practitioner and in an environment that meets medical standards commits a first degree misdemeanor whether or not a signed informed consent is used to request the abortion.

2. *Justified abortion.*

- (a) *Within the twenty fourth week:* A licensed and skilled birth practitioner is justified in terminating a pregnancy in the twenty four weeks following conception so long as the one who is pregnant has certified her informed consent, and the procedure is conducted in an environment in conformity with medical standards or in an environment that does not pose any harm to the person's health.

- (b) *Beyond the twenty fourth week.* A licensed and skilled birth practitioner is justified in terminating a pregnancy beyond the twenty-fourth week in an environment in conformity with medical standards or in an environment that does not pose any harm on the persons health, if he or she believes there is substantial risk that continuance of the pregnancy would impair the physical or-psychological health of the mother or that the child would be born with fetal abnormalities, or that the pregnancy resulted from rape, incest or other felonious intercourse. An illicit intercourse with a girl below the age of eighteen shall be deemed felonious for purpose of this Section.
3. *Medical certificate and consent: presumption of non-compliance.* No abortion beyond the twenty-fourth week shall be performed unless an authorized and qualified skilled birth practitioner has obtained a signed consent form from the one who is pregnant and has certified in writing the circumstances which the practitioner believes to justify the abortion. Such certificate shall be signed by the individual performing the abortion, and co-signed by their supervisor or the head of the health facility. Such certificate and consent form shall form part of the patient's medical records at the health facility. Failure to comply with any of the requirements of this Section gives rise to a presumption that the abortion was unjustified.
4. *Section inapplicable to preventing of pregnancy.* Nothing in this Subsection shall be deemed applicable to the prescription, administration or distribution of drugs or other substances for avoiding pregnancy, whether by preventing implantation of a fertilized ovum or by any other method that operates before, at or immediately after fertilization.
5. *Post-Abortion Care:* The following shall also be applicable to this subchapter:
 - (a) Anyone who has undergone an abortion shall be entitled to post-abortion care, including psychosocial support, family planning and treatment for complications related to termination of pregnancy.
 - (b) It is unlawful for any person to disclose to a third party the information of an individual's abortion.
6. To the extent of changes herein made, the provisions of the penal code as contained in Section 16.3 are hereby amended.

§ 49.7. Confidentiality and Privacy

It is unlawful to disclose to a third party any information about an individual obtained in connection with the provision of sexual or reproductive health services, except under the following circumstances:

1. Prior written consent for the disclosure has been obtained from the individual or, in case of incapacity, the individual's representative. Provided that a minor shall not be deemed incapacitated under this provision because of his/her minority;
2. Disclosure is made to other health personnel for the purpose of furnishing healthcare services to the individual;
3. Disclosure is made pursuant to the order of a court of competent jurisdiction;

4. Disclosure is otherwise permitted or required by other provisions of this Title or other laws.

§ 49.8. Rulemaking authority

The Minister may adopt regulations or guidelines further specifying:

1. the types of healthcare providers authorized to provide abortions;
2. the types of facilities where abortions may be provided;
3. the types of information and counseling that may be provided to a woman who is seeking to obtain an abortion; and
4. such regulations as may be necessary for the implementation of this Chapter.

Subchapter B. Sexuality Education

§ 49.9. Right to Sexuality Education

All adolescents have the right to attain the highest standard of age appropriate and gender sensitive sexuality education and to make informed choices regarding access to sexual and reproductive health care services free from discrimination, coercion, or violence.

§ 49.10. Duty to ensure access to sexuality education

The Ministry of Health shall work with the Ministry of Education, Ministry of Gender, and Ministry of Youth and Sports to ensure access to quality sexuality education

1. The Ministry of Health shall work with the Ministry of Education to include quality sexuality education in the curriculum of the basic primary, secondary and tertiary levels including formal, non-formal and indigenous learning systems.
2. The Ministry of Health shall work with the Ministry of Youth and Sports to ensure adolescents receive quality sexual education out of school in community settings.
3. If, for any reason, the integration of the information into the curricula is considered inappropriate, the aforementioned ministries shall develop special modules and strategies sexuality education.

§ 49.11. Components of quality sexuality education

A quality sexuality education curriculum shall:

1. Include information about puberty and reproduction, abstinence, contraception and condoms, relationships, sexual violence prevention, body image
2. Provides lessons and activities promoting equality between men/boys and women/girls, zero tolerance for any form of violence against women and girls or any form of sexual exploitation of children, and the capacity of all persons to negotiate their sexual and other relationships so as to protect themselves and others by reducing or eliminating the risk

sexually transmitted infection and being able to avoid sexual violence and coercion, as well as self-esteem and other life skills

3. Include information on the causes, modes of transmission and ways to prevent Sexually Transmitted Infections, including HIV, as described in Chapter 12 of this Title.
4. Information about the sexual and reproductive rights and responsibilities of girls and boys, including girl's right to refuse sex and the right and ability to negotiate safer sex and the right to access health and reproductive services independently; and boy's responsibilities to take equal responsibility for sexual and reproductive health and outcomes; to avoid rape, sexual assault and domestic violence, inside and outside marriage.
5. Be scientifically accurate, age-specific and, as appropriate, in local languages.
6. Established reporting and referral procedures that both protect confidentiality and ensure adolescent's needs are addressed.
7. Include information about where to access sexual and reproductive health services
8. Not be limited to traditional media, or forums, but communicate information through a variety of media channels.

§ 49.12. Curriculum Development

The Ministry of Education, Ministry of Health, and Ministry of Youth & Sports, shall develop and adapt the curriculum and teaching modules to each level of instruction, after consultation with students' parent associations, private schools and community groups, traditional and religious leaders, and other stakeholders.

§ 49.13. Training of Instructors

In order to be authorized to teach or provide information on sexuality education, teachers, instructors and any other person involved in the lesson or teaching modules provided for in Subchapter B of this Chapter must:

1. Be qualified teachers
2. Have access to the necessary instructional materials.
3. Be trained on the sexuality education curriculum by either the Ministry of Education, in the case of in school instruction, or the Ministry of Youth and Sports, with respect to the out of school curriculum, in collaboration with the Ministry of Health.

CHAPTER 50. MENTAL HEALTH

§ 50.1. Objectives of the Chapter

§ 50.2. Definitions of terms used in Chapter

§ 50.3. Rights of Persons with Mental Disabilities

§ 50.4. Capacity, Competence, and Guardianship of Persons with Mental Disabilities

§ 50.5. Voluntary Mental Health Admission and Treatment

§ 50.6. Involuntary Mental Health Admission and Treatment

§ 50.7. Mental Disability in the Criminal Justice System

§ 50.8. Confidentiality and Privacy

§ 50.9. Responsibilities of the Ministry of Health

§ 50.10. Conflict of chapter with Chapter 32

§ 50.1. Objectives of the Chapter

This Chapter is intended to:

1. Provide for and protect the civil, social and health rights of all persons with mental disorders and/or mental disabilities, including persons with intellectual disabilities;
2. Promote and regulate equitable and effective access to timely, appropriate, and quality mental health care, treatment, habilitation and rehabilitation for all persons in the Republic of Liberia, including those with mental disabilities;
3. Establish and enforce the responsibilities and obligations of the Government in carrying out the duties set forth under this Chapter;
4. Support optimal well-being, independence and liberty of persons with mental disabilities, including persons who have committed crimes, within the bounds of the law;
5. Promote mental health in society and establish oversight of mental health care through the Ministry of Health and its mechanisms for health promotion and quality assurance;
6. Create a national advisory body on mental health; and
7. Provide for related matters.

§ 50.2. Definitions of Terms Used in Chapter

As used in this Chapter, unless expressly stated or the context otherwise requires, the following terms have the meanings indicated in this Section:

1. **“Authorized mental health facility”** means a national referral mental health hospital; county hospital; or other facility that is primarily intended to provide diagnosis, care, treatment, habilitation, or rehabilitation of persons with mental disabilities; and is designated by the Minister to receive involuntarily admitted patients. The Minister may specify the criteria for designating a facility as an authorized mental health facility and the procedures for seeking such a designation.
2. **“Authorized mental health practitioner”** means a licensed physician, or a licensed non-physician health care professional, including but not limited to a mental health clinician, physician assistant, or nurse, who has completed mental health training as required by the statutorily-established licensing bodies. The Minister may specify the professional disciplines of non-physician health care professionals who may be authorized mental health practitioners under this Chapter.
3. **“Authorized mental health review officer”** means a person appointed by the Minister to preside over mental health hearings under Section 50.6 of this Chapter, who may be a judicial officer, attorney, health care professional, or other qualified professional with appropriate training. The Minister shall specify the content of training that must be

completed. Such person shall not otherwise be personally involved in the treatment of the patient whose case he/she is reviewing. The Minister may appoint an authorized mental health review officer for a term of up to two (2) years, subject to renewal.

4. **“Authorized patient advocate”** means a person appointed by the Minister to promote and represent the patient’s legal rights and interests at mental health hearings conducted under Section 50.6 of this Chapter, who may be an attorney, health care professional, or other qualified person with appropriate training. The Minister may specify the content of training that must be completed.
5. **“Capacity”** means the presence of mental abilities to make decisions or engage in a course of action.
6. **“Community leader”** means a person who holds resources, not necessarily financial resources, to contribute to the well-being of a given community and voluntarily takes leadership to provide for the well-being and development of a given community, including, but not limited to, local government officials, lay volunteers, community workers, traditional health workers, mental health consumer advocates, humanitarian aid workers, staff in advocacy organizations, and other professionals such as teachers and police officials.
7. **“Community-based mental health services”** means mental health services that are integrated into the community in a manner that enables a person with a mental disability to live as a member of his/her community while receiving treatment rather than as a resident in an institution.
8. **“Family member”** means a husband or wife, including parties to a civil union, a parent, guardian of a child, or other holder of parental rights and responsibilities, a child who has reached the age of eighteen (18) years, and a relative related through blood or marriage.
9. **“Impaired judgment”** is an inability or weakened capacity to make sound, reasoned, and responsible decisions.
10. **“Incompetence”** means the legal consequences or effects of a judicial determination that a person lacks capacity.
11. **“Intellectual disability”** means a condition first exhibited during the developmental years, characterized by significantly sub average general intellectual functioning and concurrent deficits or impairments in present adaptive functioning in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety; or a condition classified as intellectual disability or mental retardation in the current edition of the International Classification of Diseases (“ICD”) and/or the current edition of the Diagnostic and Statistical Manual of Mental Disorders (“DSM”).
12. **“Likely to cause imminent serious harm”** means that the person could reasonably be expected to cause impending death or serious physical injury to himself or herself or to others, including physical damage that amounts to or results in permanent loss of bodily function, amputation, or any harm so severe that the injured person requires hospitalization.

13. **“Mental disability”** means a condition affecting the mental health of a person. This term includes but is not limited to conditions classified as mental disorders in the current edition of the DSM, mental or behavioral disorders in the current edition of the ICD, intellectual disability as defined under this Chapter, and substance use disorders as defined under this Chapter.
14. **“Mental health”** means a state of well-being in which an individual can realize his/her own abilities, interact positively with others, cope with the stressors of life, study, work productively, and contribute to his/her family and community.
15. **“Mental health services”** means interventions provided to a person with a mental disability for diagnosis, treatment, care, habilitation, or rehabilitation with respect to his/her mental disability.
16. **“Seizure disorder”** means a condition characterized by sudden attacks of brain dysfunction usually associated with some alteration of consciousness sometimes associated with convulsions. This term includes conditions commonly referred to as “epilepsy.” Persons with seizure disorders may also have mental disabilities, but seizure disorders themselves are not mental disabilities as defined in this Chapter.
17. **“Substance use disorder”** means a maladaptive use of substances, including alcohol, tobacco, and drugs of addiction, that leads to clinically significant impairment or distress, causing life adjustment problems, physical hazards, interpersonal and social problems; or that is classified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases and Related Health Problems (ICD).

§ 50.3 Rights of Persons with Mental Disabilities

1. Except as expressly stated otherwise by law, a person with a mental disability is entitled to exercise all civil, political, economic, social, and cultural rights as recognized in Liberian law and international treaties ratified by the Republic of Liberia.
 - (a) These rights include, but are not limited to, the following:
 - i. to vote;
 - ii. to marry;
 - iii. to have children and maintain parental rights;
 - iv. to own property;
 - v. to employment;
 - vi. to education; and
 - vii. to freedom of movement.
 - (b) If a person with a mental disability is adjudged incompetent, the person’s rights may be limited as provided in this Chapter or in Chapter 30.
 - (c) The dignity of a person with a mental disability shall be respected at all times and upon all occasions, including when the person is taken into custody, held, or transported.

2. A person with a mental disability, including a person who is accused or convicted of a crime or found not guilty of a crime by reason of insanity, shall be entitled to medical treatment for such disability on the same terms and conditions as a person seeking treatment for any other illness or condition.
3. Any patient, including but not limited to a patient with a mental disability shall possess certain rights, provided that a patient with a mental disability who is accused or convicted of a crime or found not guilty of a crime by reason of insanity shall possess these rights to the extent that such rights do not conflict with the Penal Code or Criminal Procedure Law.
4. The Minister shall adopt regulations setting forth the scope and limitations of patients' rights. Such regulations shall recognize and provide for:
 - (a) The right to notice of the patient's rights;
 - (b) The right to release from treatment when treatment is no longer necessary;
 - (c) The right to give or refuse informed consent;
 - (d) The right to receive treatment in the least restrictive setting possible;
 - (e) The right to confidentiality of information;
 - (f) The right to access the patient's own clinical records;
 - (g) The right to treatment in a facility offering living conditions and an environment which are as close as possible to those of the normal life of persons of similar age;
 - (h) The right to protection against forced labor and against exploitation of labor;
 - (i) The right to privacy;
 - (j) The right to freedom from discrimination;
 - (k) The right to freedom from restraint or seclusion except where required for medical purposes or public safety;
 - (l) The right to freedom of religion or belief;
 - (m) The right to reasonable communication with third parties;
 - (n) The right to protection against cruel, inhumane, and degrading treatment as well as abuse, neglect, and harm;
 - (o) The right to care and custody of personal effects;
 - (p) The right, where appropriate, to be employed at a useful occupation; and
 - (q) The right to grievance procedures for violation of these rights, including, where appropriate, judicial review.

§ 50.4. Capacity, Competence, and Guardianship of Persons with Mental Disabilities.

Presumed capacity, competence, and guardianship of adults with mental disabilities and related procedures for hearings before the probate court shall be governed by the provisions of Chapter 16, Subchapter F of the Civil Procedure Law.

§ 50.5. Voluntary Mental Health Admission and Treatment

1. *Entitlement to and Requests for Voluntary Treatment.*
 - (a) A person who has reached the age of eighteen (18) years, who voluntarily makes an application for outpatient or inpatient mental health treatment, is entitled to mental treatment under this Chapter.
 - (b) A parent or guardian of a child who has not reached the age of eighteen (18) years may make an application for mental health treatment for such child under this Chapter, and in so doing shall be deemed to be acting for the child; however, in such circumstances the assent of the child shall be sought. All the provisions of this Chapter governing mental health treatment shall apply.
 - (c) Where a person who has not attained the age of eighteen (18) years has been received in a mental health care facility, has no parent or guardian or his/her parent or guardian is incapable of performing or refuses to perform his/her duty, an officer in charge of the mental health facility, authorized mental health practitioner, community leader, or other individual may petition for the appointment of a guardian as provided in Subchapter B of Chapter 4 of Title 9, the Domestic Relations Law.
2. *Procedures for Voluntary Treatment and Discharge/Release.*
 - (a) Before a person is accepted for voluntary out-patient or inpatient mental health treatment, informed consent shall be freely given. Such consent shall be in writing, unless the condition of such person prevents this. In the event that such person is illiterate, a staff member of the treating facility shall provide the information verbally to the person and attest to consent. In the event the staff member obtaining consent believes the person seeking mental health treatment lacks the capacity to provide informed consent, the staff member shall cause a petition to be submitted pursuant to Title 1, Civil Procedure Law, Chapter 16, Subchapter F for a determination of competence to make treatment decisions, and shall not proceed with treatment based upon consent by that individual. The Minister shall specify the form of such written consent and the informed consent document shall be part of the person's record.
 - (b) Informed consent documentation for persons voluntarily admitted for inpatient treatment shall include the following representations: (i) that the person understands that treatment will involve inpatient admission to an authorized mental health facility for the purpose of mental health treatment; (ii) that the person consents to such admission voluntarily, without coercion or duress; and, (iii) if applicable, the person has voluntarily agreed to remain in treatment as an inpatient for a specified period of up to one hundred twenty (120) hours after having given written notice of intent to withdraw from treatment and leave the authorized mental health facility, pursuant to Subsection (5) below.
 - (c) Individualized treatment plans shall be developed to guide the treatment of all patients receiving outpatient or inpatient treatment in a mental health facility. Persons accepted for voluntary mental health treatment may participate in the development of their treatment plan to the extent they choose, and shall have the right to refuse any specific treatment in the treatment plan. The parent or guardian of

a child shall be involved in the development of a treatment plan for the child to the extent practicable.

- (d) A person receiving voluntary outpatient mental health treatment may withdraw from treatment at any time by giving oral or written notice to a staff member of the treating facility. The person shall be notified of the risks of withdrawing from treatment. The mental health practitioner shall document notice of withdrawal in the person's record.
 - (e) A person accepted for voluntary inpatient treatment may withdraw from treatment and leave the mental health facility at any time by giving written notice to a staff member of the facility, unless the condition of the person prevents written notice, subject to a mental health evaluation by an authorized mental health practitioner that must occur within a period not to exceed one hundred twenty (120) hours following receipt of written notice.
 - i. In the event that, as a result of such evaluation the person is determined to be severely mentally disabled and in need of involuntary admission pursuant to Section 50.6(1), the person shall be retained as an involuntary inpatient on an emergency hold pursuant to Section 50.6(2)(d).
 - ii. In the event that, as a result of such evaluation the person is determined not to be severely mentally disabled, the person shall be discharged from the mental health facility.
 - iii. In the event that the evaluation does not occur within one hundred twenty (120) hours following receipt of written notice, the patient shall be discharged from the mental health facility.
2. An authorized mental health practitioner may discharge a voluntary inpatient at any time if the practitioner is of the opinion that the patient is not likely to benefit from further treatment as a voluntary inpatient, or the patient's needs can be adequately met on an outpatient basis, provided that, for an inpatient under eighteen (18) years of age, notice is provided to the child's parent or guardian.
 3. If the person is discharged pursuant to Sections 50.5(2)(e) or 50.5(2)(f), an authorized mental health practitioner shall make provisions for the continuity of care of such person on an outpatient basis.

§ 50.6. Involuntary Mental Health Admission and Treatment

1. *Prohibition Absent Procedures Under this Chapter.*
 - (a) No person shall be admitted involuntarily to an authorized mental health facility as a patient or having already been admitted voluntarily as a patient but having requested discharge, be retained as an involuntary patient in an authorized mental health facility, except upon a finding under procedures set forth in this Section that such person is severely mentally disabled. A person is severely mentally disabled when:
 - i. As a result of mental disability, the person is reasonably likely to cause imminent serious harm to himself or herself, or other persons; or

- ii. As a result of mental disability, the person has impaired judgment and failure to admit or retain that person is likely to lead to a serious imminent deterioration in the person's mental health or physical health condition.
 - (b) A patient shall be admitted involuntarily only to an authorized mental health facility.
 - (c) No person admitted involuntarily to an authorized mental health facility shall be treated without an individualized treatment plan to guide his/her treatment. A person involuntarily admitted shall be allowed to participate in the development of his/her treatment plan to the extent possible.
2. *Initial Commitment and Emergency Hold.*
- (a) Evaluation of the need for involuntary admission may be undertaken at an authorized mental health facility upon written application by a family member, law enforcement officer, physician, mental health practitioner, other health professional, or community leader; provided that the person making the application has personally observed within seven (7) days of submitting the application conduct showing the need for such evaluation. Such application shall set forth facts constituting reasonable grounds to believe a person is severely mentally disabled and in need of involuntary admission. The Minister shall approve a form for this application.
 - (b) Upon receipt and review of such application by the County Health Director, a law enforcement officer or anyone authorized by regulations that shall be adopted by the Minister, may take the person specified in the application to an authorized mental health facility.
 - (c) Upon arrival at the authorized mental health facility, the person shall be informed of the reasons for evaluation of the need for involuntary admission. The person shall be requested to furnish the names of parties whom the person may want notified of his/her custody and kept informed of his/her status. If the person subject to the application is a child, the child's parent and/or guardian must be kept informed of his/her status. An officer in charge of the mental health facility or an authorized mental health practitioner shall promptly give notice to such parties of the whereabouts and status of the person, how and when he/she may be contacted and visited, and how they may obtain information concerning the person while he or she is an inpatient.
 - (d) A person brought to an authorized mental health facility for evaluation shall be evaluated as soon as is practicable by an authorized mental health practitioner, and in no case more than five (5) hours after arrival to determine the need for involuntary admission. The mental health practitioner conducting the evaluation shall not be the same individual who prepared the application for involuntary admission. The mental health practitioner shall make a written record of the evaluation and shall make a determination regarding whether the subject of the application meets the criteria for involuntary admission. The Minister shall approve a form for this evaluation. If the mental health practitioner concludes that involuntary admission is required, the person shall be admitted to an authorized mental health facility for further evaluation and treatment for a period not to exceed one hundred twenty (120) hours, known as an "emergency hold."

- (e) A person brought to an authorized mental health facility pursuant to this Section shall be discharged whenever it is determined that he/she is not in need of involuntary admission, and in any event within one hundred twenty (120) hours, unless within that period:
 - i. The person is admitted as a voluntary patient pursuant to Subsection (2)(d); or
 - ii. An application for extended involuntary admission is filed pursuant to Section 50.6(3) below.
3. *Extended Involuntary Admission.*
- (a) An authorized mental health practitioner may make an application for extended involuntary admission for any person who has been admitted on an emergency hold pursuant to Section 50.6(2) above. The application shall be filed with the Minister, and shall state the grounds on which extended involuntary admission is believed to be necessary. The Minister shall approve a form for this application.
 - (b) Upon receiving such application, the Minister shall appoint an attorney or other authorized patient advocate who shall represent the person unless the person has private representation.
 - (c) Within seventy-two (72) hours after the application is filed exclusive of Sundays and holidays, an informal hearing shall be conducted by an authorized mental health review officer appointed by the Minister; and, if practicable, shall be held at the authorized mental health facility.
 - (d) At the informal hearing, the authorized mental health review officer shall inform the person of the nature of the proceedings. Evidence relevant to whether the person is severely mentally disabled and in need of extended involuntary admission shall be presented by an authorized mental health practitioner who evaluated the person. The person or the person's authorized patient advocate shall have the right to ask questions of the mental health practitioner and any other witnesses and to present any relevant evidence. At the conclusion of the hearing, if the authorized mental health review officer finds by a preponderance of evidence that the person is severely mentally disabled and in need of extended involuntary admission, he/she shall prepare a certification stating that the person will remain an involuntary inpatient at an authorized mental health facility for further treatment for a period not to exceed thirty (30) days. The Minister shall approve a form for this certification. Otherwise, the authorized mental health review officer shall direct that the person be discharged from the mental health facility.
 - (e) A person made subject to extended involuntary admission pursuant to Section 50.6 shall have the right to petition the probate court for a review of the certification. A hearing shall be held within seven (7) days after the petition is filed. The hearing shall include a review of the certification and such evidence as the court may receive or require. If the court determines that further involuntary admission is necessary because the patient continues to meet the criteria for involuntary admission pursuant to Section 50.6(1)(a), it shall deny the petition. Otherwise, the patient shall be discharged.

4. *Long-Term Involuntary Admission.*

- (a) At any time within five (5) days prior to the expiration of the thirty (30) day period of extended involuntary admission, an authorized mental health practitioner may make an application to extend the involuntary admission of a person found to be in need of extended involuntary admission pursuant to Section 50.6(3) for a period not to exceed ninety (90) days. The application shall be filed with the Minister and shall state the grounds on which an additional extension of the period of involuntary admission is believed to be necessary. The Minister shall approve a form for this application.
- (b) The procedures for evaluating whether a person is severely mentally disabled and in need of involuntary admission for a period not to exceed ninety (90) days shall be the same procedures as provided in Section 50.6(3).
- (c) At the conclusion of the review, if the authorized mental health review officer finds that the person is severely mentally disabled and continues to meet the criteria for involuntary admission under Section 50.6(1)(a), the authorized mental health review officer shall prepare a certification stating that the person shall remain an involuntary inpatient at an authorized mental health facility for further treatment for a period not to exceed ninety (90) days. Otherwise, the mental health officer shall order that the person be discharged from the mental health facility.
- (d) A person admitted under this Section 50.6(4) shall have the right to petition the probate court for a review of the certification pursuant to the procedures set forth in Section 50.6(3).
- (e) In the event a person is severely mentally disabled and continues to meet the criteria for involuntary admission under Section 50.6(1) for a period longer than ninety (90) days, the person may remain an involuntary patient at an authorized mental health facility for further treatment for additional periods not to exceed one hundred eighty (180) days, subject to the procedures and requirements set forth in this Section 50.6(4), provided that, an extension of commitment not to exceed one hundred eighty (180) days under this Section 50.6(4) must be made pursuant to a hearing conducted before the probate court.
- (f) Where a person has been admitted pursuant to this Section 50.6(4), an authorized mental health practitioner shall every thirty (30) days perform an evaluation of such person and submit a report to the authorized mental health review officer. In the report, the authorized mental health practitioner shall: (i) state his/her opinion regarding whether the person still meets the requirements set forth in Section 50.6(1); (ii) describe the mental and physical health status of the person; and (iii) make any recommendations for further treatment or services of the person. Within seven (7) days of receipt of the report, the authorized mental health review officer shall determine whether involuntary admission is still needed or whether the person should be discharged. If the authorized mental health review officer finds that such person no longer satisfies the criteria set forth in Section 50.6(1), the authorized mental health review officer shall order that the person be discharged.

- (g) An authorized mental health practitioner shall discharge a person admitted under Section 6 at any time that the practitioner finds that the person no longer satisfies the criteria set forth in Section 50.6(1). The mental health practitioner shall make a written record of this determination.
 - (h) In the event the person is discharged pursuant to the procedures set forth herein, an authorized mental health practitioner shall make provisions for the continuity of care of such person on an outpatient basis.
5. *Emergency Medication over Objection.*
- (a) No person shall be administered medication over objection without the consent of a guardian duly authorized to make treatment decisions pursuant to Title I, Civil Procedure Law, Chapter 16, Subchapter F, or, in the case of a child, the parent or guardian, except where an authorized mental health practitioner has determined that an emergency condition exists. This prohibition applies equally to a person who is admitted voluntarily as provided under Section 50.5 and to a person who is admitted involuntarily as provided under Section 50.6.
 - (b) An emergency condition exists where, in the opinion of a licensed practitioner authorized to prescribe medications, immediate involuntary medication treatment is necessary because as a result of severe mental disability, a person admitted as a voluntary or involuntary patient is reasonably likely to cause imminent serious harm to himself or herself, or other persons; and the time required to appoint a guardian pursuant to Title I, Civil Procedure Law, Chapter 16, Subchapter F would cause considerable delay and lead to such harm to the patient or other persons. In such case medication shall be administered only to address the needs of the emergency.
 - (c) Where medication over objection is administered in an emergency condition to a voluntary patient, the procedures for involuntary admission should be initiated as soon as practicable.

6. *Compulsory Treatment.*

Consistent with both Emergency Compulsory Treatment and/or Compulsory Treatment under this Title, the criteria should be as follows:

- (a) The individual suffers from a mental disorder;
- (b) The individual requires immediate treatment to prevent-
 - i. Serious deterioration in the individual's physical or mental health or
 - ii. Serious harm to self or to others;
- (c) The individual is already on or has been placed on a Treatment Order;
- (d) There are no less restrictive alternatives reasonably available.

§ 50.7. Mental Disability in the Criminal Justice System

The provisions of the Penal Law of Liberia shall govern with respect to criminal responsibility of persons with a mental disability. The provisions of the Criminal Procedure Law of Liberia shall govern with respect to conduct of trial of persons with a mental disability, including order of

psychiatric examinations, determination of mental illness of an accused, and the transfer of incarcerated defendants for mental treatment.

§ 50.8. Confidentiality and Privacy

Disclosure shall not be made by any person to a third party of information about a person obtained in connection with the provision of mental health services, except under the following circumstances:

1. Prior written consent for the disclosure has been obtained from the person or, in the case of a child, the child's parent or guardian;
2. Disclosure is made to other health personnel for the purpose of furnishing health care services to the person;
3. Disclosure is made to an endangered person and a law enforcement agency or officer based on a determination by an authorized mental health practitioner that a person presents a serious and imminent danger to that person;
4. Disclosure is made pursuant to the order of a court of competent jurisdiction; or
5. Disclosure is otherwise permitted or required by law.

§ 50.9. Responsibilities of the Ministry of Health

1. The Minister shall:
 - (a) Make such regulations as may be necessary for the implementation of this Chapter including the imposition of penalties for violation of its provisions;
 - (b) Implement the National Mental Health policy and revise same when necessary;
 - (c) Coordinate with the appropriate statutorily established licensing bodies to establish and maintain standards and guidelines for programs that train mental health practitioners, including the content of mental health training for authorized mental health practitioners;
 - (d) Certify mental health practitioners as authorized mental health practitioners through the statutorily-established licensing bodies;
 - (e) Appoint authorized mental health review officers and specify the required training for these officers;
 - (f) Appoint authorized patient advocates and specify the required training for these patient advocates;
 - (g) Certify facilities as authorized mental health facilities under this Chapter;
 - (h) For each authorized mental health facility under its jurisdiction, establish an independent visiting board to ensure that patient rights are respected and upheld. The Minister shall adopt regulations for the selection, conduct, and procedures for such visiting boards. Such regulations shall include provisions for the conduct of regular inspections of all mental health facilities at periodic intervals, and additional inspections, as deemed necessary, without any prior notice. Such inspections shall

provide the visiting board with the information to determine that persons within the facility are receiving the treatment and care they need, and that their human rights are not being violated. Regulations also shall include provisions for reporting and remediating any violations of patients' rights identified by the visiting board.

- (i) Where a community's mental health services are determined not to meet the needs of the community, have the discretion to require existing health care facilities to provide mental health services. The circumstances under which the Minister can require the provision of mental health services may be established by regulation.
2. In implementing this Chapter and any National Mental Health policies, the Minister shall be guided by the following principles:
 - (a) Individuals with mental disabilities and seizure disorders are entitled to the same access and quality of care as people with other medical conditions that require healthcare;
 - (b) Community-based mental health services outside a hospital setting are preferable to institutionalization, whenever possible;
 - (c) Mental health services shall be integrated into the health care system;
 - (d) Mental health services shall be delivered in a culturally competent manner;
 - (e) Decentralization of mental health services is critical for achieving access to mental health services; and
 - (f) Inpatient and outpatient treatment are best provided by multidisciplinary treatment teams, consisting of, as appropriate, social or psychosocial workers, mental health practitioners, clinical psychologists, nurses, and physicians.
 3. The Minister shall establish an advisory body to assist and advise the Minister with respect to the Minister's responsibilities under Subsection 50.9(1).
 - (a) The advisory body shall consist of members appointed by the Minister.
 - (b) The advisory body shall develop methods to assess and foster collaboration between mental health practitioners and practitioners of complementary medicine, including traditional healers.

§ 50.10. Conflict of chapters

The provisions of this chapter shall complement Sections 30.16 through 30.21 of this Title (Treatment of Narcotic Addicts). In the event that provisions of this Chapter shall become inconsistent with Sections 30.16 through 30.21 regarding the treatment and confinement of narcotic addicts, the provisions of this Chapter, to the extent of the inconsistency, shall prevail.

PART XI
**FOODS AND OTHER PRODUCTS FOR INFANTS
AND YOUNG CHILDREN**

***Chapter 51. REGULATION OF MARKETING OF FOODS
AND OTHER PRODUCTS FOR INFANTS AND YOUNG
CHILDREN***

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Subchapter A. General Provisions

§ 51.1. Definitions

The following words and phrases, as used in this Chapter, shall have the meanings ascribed to them, unless the context otherwise requires:

1. **“Advertise”** means to make any representation by any means whatsoever for the purpose of promoting the sale or use of a designated product including but not limited to:
 - (a) written publication, television, radio, film, or electronic transmission including the internet, video or telephone; or any other means of promoting the sale or use of a product;
 - (b) display of signs, billboards, or notices; or
 - (c) exhibition of pictures or models.
2. **“Artificial feeding”** means feeding with any food which replaces human breast milk either partially or totally.
3. **“Brand”** means a name given by the manufacturer to a product or range of products.
4. **“Bottle feeding”** means feeding liquid or semi-solid food from a bottle with a teat.
5. **“Breastfeeding”** means feeding an infant or young child by having the infant or young child suckle milk from the breast.
6. **“Complementary food”** means any food nutritionally suitable as an addition to mother’s breast milk, infant formula, or follow-up formula for infants and young children from the age of six months up to the age of 24 months. For the purposes of Sections 51.3, 51.11, 51.12 and 51.13, the term ‘complementary food’ includes any ready- to-use therapeutic food used in the management of acute malnutrition in children.
7. **“Container”** means any form of packaging of a designated product for sale, or charity.
8. **“Designated product”** means
 - (a) infant formula;
 - (b) follow-up formula;
 - (c) complementary food;
 - (d) feeding bottles, teats, pacifiers; and
 - (e) any other product marketed or otherwise represented as suitable for feeding infants and young children;
 - (f) such other product as the Minister of Health may declare to be a “designated product” for the purposes of this Chapter.
9. **“Distributor”** means an individual, corporation or other entity engaged in any activity of distributing, marketing or donating any designated product.

10. **“Dollar”** means United States Dollars.
11. **“Follow-up formula”** means any milk or milk-like product of animal or vegetable origin formulated industrially in accordance with the Codex Alimentarius Standard for Follow-up Formula and marketed or otherwise represented as suitable for feeding infants and young children older than six months of age. It includes toddler or growing-up milks or any milk or milk-like products marketed for young children up to three years of age. For the purposes of Sections 51.3, 51.11, 51.12 and 51.13, the term ‘follow-up formula’ includes any formula for special medical purposes or dietary requirements and any therapeutic milk for acutely malnourished children.
12. **“Healthcare facility”** means a public or private institution or organization or private practice engaged directly or indirectly in the provision of health care or in health care education. It also includes day-care centers, nurseries or other infant-care facilities.
13. **“Infant”** means a child from birth up to the age of 12 months.
14. **“Infant formula”** means a milk or milk-like product of animal or vegetable origin formulated industrially in accordance with the Codex Alimentarius Standard for Infant Formula and intended to satisfy, by itself, the nutritional requirements of infants from birth and/or during the first six months and includes products that continue to meet part of an infant’s nutritional requirements after the first six months. For the purposes of Sections 51.3, 51.11, 51.12 and 51.13, the term ‘infant formula’ includes any formula for special medical purposes or dietary requirements and any therapeutic milk for acutely malnourished children.
15. **“Inspector”** means a County Health Director, a Port Health Officer or a sanitary inspector, or any person, including police officers, generally or specially authorized in writing by the Minister of Health to enforce health laws as prescribed under Part I Chapter 4 of this Title, or as prescribed under this Chapter.
16. **“Label”** means a tag, mark, pictorial or other descriptive matter, written, printed, stenciled, marked, embossed, attached or otherwise appearing on a container of a designated product. A label may or may not include a logo.
17. **“Logo”** means an emblem, picture or symbol by means of which an entity or a product is identified.
18. **“Nutrition Division”** means the Nutrition Division established under Section 51.15 of this Chapter.
19. **“National Nutrition Coordinating Committee”** means the Committee set up to coordinate the implementation of the National Nutrition Policy.
20. **“Market”** means to promote, distribute, sell, or advertise a designated product and includes product public relations and information services.
21. **“Pacifier”** means an artificial teat for babies to suck, also referred to as a “dummy”.
22. **“Prelacteal feed”** means food and/or drink given to a new-born baby before breastfeeding is established

23. **“Promote”** means to employ any method of directly or indirectly encouraging a person to purchase or use a designated product.
24. **“Sample”** means a single or small quantity of a designated product provided without cost.
25. **“Sponsorship”** means any financial or in-kind assistance to a person, group, activity, event or program
26. **“Sponsor”** means the person, group, organization or entity providing sponsorship
27. **“Teat”** means the part of the mother’s breast or feeding appliance through which the baby sucks liquid.
28. **“Young child”** means a child from the age of 12 months up to the age of three years (36 months).

Subchapter B. Prohibitions

§ 51.2. Sale of a designated product

A person shall not distribute for sale, sell, livestock, or exhibit for sale any brand of designated product:

1. where the nutritional content is not certified by the Nutrition Division of the Ministry
2. more than 1 year prior to expiration date.

§ 51.3. Promotion

1. A manufacturer or distributor, retailer, or any other person, shall not promote any designated product. Prohibited promotional practices include but are not limited to:
 - (a) advertising;
 - (b) sales devices such as special displays, discount coupons, premiums, rebates, special sales, loss-leaders, tie-in sales, prizes or gifts;
 - (c) giving of one or more samples of a designated product to any person; and
 - (d) donation or distribution of information or education material referring to infant or young child feeding or the performance of educational functions related to infant or young child feeding except as provided in Section 51.13.
2. A manufacturer or distributor, or any other person, shall not:
 - (a) donate or provide at lower than the published wholesale price where one exists, and in its absence, lower than 80 percent of the retail price, any quantity of a designated product to a health worker or a health care facility;
 - (b) donate to or distribute within a health care facility equipment, services or materials such as pens, calendars, posters, note pads, growth charts and toys or any other materials which refer to or may promote the use of a designated product;

- (c) offer or give any gift, contribution or benefit to a health worker or to associations of health workers engaged in maternal and child health, including but not limited to fellowships, research grants or funding for meetings, seminars, continuing education courses or conferences;
 - (d) sponsor events, contests, telephone counseling lines or campaigns related to reproductive health, pregnancy, childbirth, infant or young child feeding or related topics; or
 - (e) include the volume of sales of designated products when calculating employee remuneration or bonuses, nor set quotas for sales of designated products.
3. A health worker engaged in maternal and child health shall not:
- (a) accept any gift, contribution or benefit, financial or otherwise, of whatever value from a manufacturer or distributor or any person on his or her behalf;
 - (b) accept or give samples of designated products to any person; or
 - (c) demonstrate the use of infant formula except to individual mothers or members of their families in very special cases of need, and in such cases, shall give a clear explanation of the risks of the use of infant formula as well as the other information required by Subchapter D.

§ 51.4. Prohibitions related to labels of designated products

1. A manufacturer or distributor shall not offer for sale or sell a designated product if the container or label affixed thereto includes a photograph, drawing or other graphic representation other than for illustrating methods of preparation.
2. A manufacturer or distributor shall not offer for sale or sell a designated product, other than a feeding bottle, artificial teat or pacifier unless the container or label affixed there to indicates in a clear, conspicuous and easily readable manner, the following particulars:
 - (a) instructions for appropriate preparation and use in words and in easily understood graphics;
 - (b) the age after which the product is recommended in numeric figures which in the case of a complementary food, the recommended age shall not be less than six months;
 - (c) a warning about the health risks of improper preparation and of introducing the product prior to the recommended age;
 - (d) the ingredients used;
 - (e) the composition and nutritional analysis;
 - (f) the required storage conditions both before and after opening, taking into account climatic conditions;
 - (g) the batch number, date of manufacture and date before which the product is to be consumed, taking into account climatic and storage conditions;
 - (h) the name and national address of the manufacturer or distributor; and

- (i) such other particulars as may be prescribed.
- 3. A manufacturer or distributor shall not offer for sale or sell a designated product if the container or label affixed thereto contains any representation that states or suggests that a relationship exists between the product or constituent thereof and health, including the physiological role of a nutrient in growth, development or normal functions of the body.

§ 51.5. Prohibitions related to labels of infant formula and follow-up formula

A manufacturer or distributor shall not offer for sale or sell infant formula or follow-up formula unless the container or label affixed thereto, in addition to the requirements of Section 51.4, conforms to the following:

- 1. contains the words, “IMPORTANT NOTICE: BREASTFEEDING IS BEST” in capital letters and indicated thereunder, the statement “Breast milk is the ideal food for the healthy growth and development of infants and young children. It protects against diarrhea and other illnesses” in characters no less than one-third the size of the characters in the product name, and in no case less than 2mm in height;
- 2. contains the word, “WARNING” in conspicuous print and capital letters and indicated thereunder, the statement, “Before deciding to supplement or replace breastfeeding with this product, seek the advice of a health professional. It is important for your baby’s health that you follow all preparation instructions carefully. If you use a feeding bottle, your baby may refuse to feed from the breast. It is more hygienic to feed from a cup” in characters no less than one-third the size of the characters in the product name, and in no case less than 1.5mm in height;
- 3. states under preparation instructions for infant or follow-up formula in powdered form that:
 - (a) powdered formula may be contaminated with microorganisms during the manufacturing process or may become contaminated during preparation;
 - (b) it is necessary for formula to be prepared one feed at a time using water at or above 70 °C, or boiling water; and
 - (c) any unused milk must be discarded immediately after every feed;
- 4. includes a feeding chart in the preparation instructions;
- 5. does not use the terms “maternalized”, “humanized” or terms similar thereto or any comparison with breast milk;
- 6. does not use text that may tend to discourage breastfeeding;
- 7. specifies the source of the protein; and
- 8. in the case of follow-up formula, states that the product shall not be used for infants less than six months old.

§ 51.6. Prohibitions related to labels of skimmed or condensed milk

A manufacturer or distributor shall not offer for sale or sell skimmed or condensed milk in powder or liquid form, unless the container or label affixed thereto contains the words, “THIS PRODUCT SHOULD NOT BE USED TO FEED INFANTS” in capital letters and characters no less than one-third the size of the characters in the product name, and in no case less than 1.5mm in height.

§ 51.7. Prohibitions related to labels of low-fat and standard milk

A manufacturer or distributor shall not offer for sale or sell low-fat or standard milk in powder or liquid form, unless the container or label affixed thereto contains the words, “THIS PRODUCT SHOULD NOT BE USED AS AN INFANT’S SOLE SOURCE OF NOURISHMENT” in capital letters and characters no less than one-third the size of the characters in the product name, and in no case less than 1.5mm in height.

§ 51.8. Prohibitions related to labels of feeding bottles and teats

A manufacturer or distributor shall not offer for sale or sell a feeding bottle or teat unless the package or label affixed thereto, in addition to the requirements of §51.4(1), indicates in a clear, conspicuous and easily readable manner, the following particulars:

1. the words, “IMPORTANT NOTICE: BREASTFEEDING IS BEST” in capital letters and indicated thereunder, the statement, “Breast milk is the ideal food for the healthy growth and development of infants and young children. It protects against diarrhea and other illnesses” in characters no less than one-third the size of the characters in the product name, and in no case less than 2mm in height;
2. the statement, “WARNING” in capital letters, followed by the statement “It is important for your baby’s health that you follow the cleaning and sterilization instructions very carefully. If you use a feeding bottle, your baby may no longer want to feed from the breast” in characters no less than one-third the size of the characters in the product name, and in no case less than 2mm in height;
3. instructions for cleaning and sterilization in words and graphics;
4. a statement explaining that feeding with a cup is more hygienic than bottle feeding;
5. a warning that children should not be left to self-feed for long periods of time because extended contact with sweetened liquids, including infant formula, may cause severe tooth decay; and
6. the name and national address of the manufacturer or the distributor.

§ 51.9. Prohibitions related to labels of pacifiers

A manufacturer or distributor shall not offer for sale or sell a pacifier unless, in addition to the requirements of Section 51.4(1), it is labelled with the words, “WARNING” in capital letters followed by the statement “Use of a pacifier can interfere with breastfeeding” in characters no

less than one-third the size of the characters in the product name, and in no case less than 1.5mm in height.

Subchapter C. Health Workers

§ 51.10. Responsibilities

1. Heads of healthcare facilities and national and County Health Administrations shall take measures to encourage and protect breastfeeding and to promote this Chapter, and shall give information and advice to health workers regarding their responsibilities and particularly ensure that health workers are familiar with all of the information specified in Subchapter D.
2. Health workers shall encourage, support and protect breastfeeding. They are expected to be familiar with the provisions of this Chapter, particularly the information specified in Subchapter D.
3. Health workers shall work to eliminate practices that directly or indirectly retard the initiation and continuation of breastfeeding, such as prelacteal feeds.
4. A health worker shall submit a written report to the head of his or her work place, who shall in turn report to the Nutrition Division, any offer of a sample or gift of a designated product, or other benefit from a manufacturer or distributor or any other contravention of the provisions of this Chapter.

Subchapter D. Information and Education

§ 51.11. Information and education materials about infant feeding

Information or educational materials, whether written, audio or visual, which refer to infant feeding shall:

1. contain only correct and current information and shall not use any pictures or text that encourage artificial feeding, or the use of feeding bottles or that discourage breastfeeding;
2. not give an impression or create a belief that a designated product is equivalent to, comparable with, or superior to breast milk or to breastfeeding;
3. not contain the brand name or logo of any designated product nor of any manufacturer or distributor of a designated product; provided that this clause shall not be applicable to information about designated products intended for health professionals as authorized by Section 51.13; and
4. clearly and conspicuously explain each of the following points:
 - (a) the benefits and superiority of breastfeeding;
 - (b) the value of exclusive breastfeeding for six months followed by sustained breastfeeding for two years or beyond;

- (c) how to initiate and maintain exclusive and sustained breastfeeding;
- (d) why it is difficult to reverse a decision not to breastfeed;
- (e) the importance of introducing complementary foods from the age of six months;
- (f) how and why any introduction of artificial feeding, the use of a feeding bottle, or the early introduction of complementary foods negatively affects breastfeeding; and
- (g) that complementary foods can easily be prepared at home using local ingredients.

§ 51.12. Information and education materials about infant formula, follow-up formula or feeding bottles

If the material referred to in Section 51.11 includes the topic of artificial feeding or the use of a feeding bottle, it must also include the following points:

1. instructions for the proper preparation and use of the product including cleaning and sterilization of feeding utensils;
2. how to feed infants with a cup;
3. the health risks of artificial feeding, the use of a feeding bottle, and improper preparation of the product;
4. explanations that powdered milk formula is not sterile, and that to minimize the risk of serious illness, formula must be prepared one feed at a time using water at or above 70°C, or boiling water, and any unused milk must be discarded; and
5. the approximate financial cost of feeding an infant with such a product in the recommended quantities.

§ 51.13. Product information for health professionals

Manufacturers and distributors may give materials about designated products to health professionals if such materials:

1. are restricted to scientific and factual matters regarding the technical aspects and methods of use of the product;
2. provide references to published and peer-reviewed studies to support any representation or claim that states or suggests that a relationship exists between the product or a constituent thereof and health, growth or development; and
3. are otherwise in accordance with Section 51. 11 and Section 51.12.

Subchapter E. Administration

§ 51.14. Implementation

For the purpose of implementing this Chapter, the Minister has the following powers and functions:

1. make and promulgate such rules and regulations as are necessary or proper for the implementation of this Chapter and the accomplishment of its purposes and objectives;
2. call for consultations with government agencies, the National Nutrition Coordinating Committee and other interested parties to ensure implementation and strict compliance with the provisions of this Chapter and the rules and regulations made hereunder provided that no person who has any direct or indirect financial interest in any designated product, or any other interest contrary to the intent and purpose of this Chapter shall be appointed to sit on any consultative committee on infant and young child feeding;
3. in furtherance of Subsection (2) above, any person who has such interest and is appointed or, while serving on any committee develops interest, such appointee must disclose said interest;
4. cause the enforcement of this Chapter as provided under Section 51.16; and
5. exercise such other powers and functions that may be necessary for or incidental to the attainment of the purposes and objectives of this Chapter.

§ 51.15. Establishment of a Nutrition Division

For the implementation of this Subchapter, the Minister shall:

1. Establish within the Ministry a Nutrition Division under the Department of Health Services to carry out the following functions for the purposes of this Chapter:
 - (a) to issue certificate of approval for the importation, manufacture or sale of any brand of designated products in accordance with Part I Chapter 2 of this Title;
 - (b) to formulate, in consultation with the National Nutrition Coordinating Committee, a national policy for the promotion, protection and support of breastfeeding;
 - (c) to design a national strategy for developing communication and public education programs for the promotion of breastfeeding; information and educational materials on the topic of infant and young child feeding; continuing education for health workers on lactation management and the requirements of this Chapter; curricula for students in the health professions that include lactation management and to ensure widespread distribution of and publicity concerning this Chapter;
 - (d) to review reports of contraventions of the provisions of this Chapter or other matters concerning this Chapter;
 - (e) to issue instructions to inspectors for actions to be taken against any person found to be in contravention of the provisions of this Chapter;
 - (f) to recommend appropriate actions to give effect to the provisions of this Chapter, and
 - (g) such other functions as may be directed by the Minister.
2. Designate a Director to be in charge of the Nutrition Division whose responsibility it shall be, under the direction of the Minister, to administer and enforce the provisions of this Chapter.

3. Determine for the Nutrition Division such qualified assistants, consultants and personnel to carry out the provisions of this Chapter and designate employees to be enforcement officers to enforce the provisions of this Chapter in accordance with Section 51.16.

§ 51.16. Enforcement

1. An inspector appointed under Part I Chapter 4 of this Title shall, within the county or political subdivision for which he or she is appointed:
 - (a) inspect any premises where any designated product is imported, manufactured, sold, stocked, exhibited for sale, advertised or otherwise promoted and all relevant records;
 - (b) issue a ticket if a violation is observed, containing the nature of the violation and the appropriate fine to be paid within the specified period, and report same via a copy of the ticket to the next level of authority within the Nutrition Division;
 - (c) exercise such other powers as may be prescribed or delegated by the Director.
2. Where a person has been found in violation of any provisions of this Chapter after a hearing consistent with Part I Chapter 3 of this Title which warrants prosecution, the Minister or his/her designate shall exercise the authority to forward said violator to the Ministry of Justice for prosecution

Subchapter F. Penalties, Procedures

§ 51.17. Fines and imprisonment

Any manufacturer, distributor, retailer, or other dealers of designated products convicted of violating any provision of Subchapter B of this Chapter or the rules and regulations made pursuant thereto shall be guilty of committing a first-degree misdemeanor.

§ 51.18. Cease and desist orders

The Minister or his designate shall have the power to make cease and desist orders upon receiving a report from the Nutrition Division of a contravention of the provisions of this Chapter or rules and regulations made pursuant thereto.

§ 51.19. Suspension or revocation of permits

Where any person has been found to have contravened any of the provisions of this Chapter, or rules and regulations made pursuant thereto, the Minister, shall suspend or revoke any permit that has been issued to that person pursuant to this Chapter.

§ 51.20. Suspension or revocation of professional license

Where any health professional has been found to have contravened any of the provisions of this

Chapter, or rules and regulations pursuant thereto, the Minister shall refer to the appropriate licensing authority for the suspension or revocation of any license that has been issued to that person pursuant to this Title.

§ 51.21. Strict Liability

1. As to Corporation: A corporation or company which has been convicted of violating any provision under this Chapter shall be fined as provided for by regulation made pursuant to this chapter.
2. As to Directors and Officers of Corporation: A director or officer of a corporation who has been convicted of violating any provisions regulation under this Chapter shall be sentenced to a fine as provided for by regulation made pursuant to this chapter or imprisonment of not less than six months and not more than one year, or both.
3. As to institutions other than corporation or company: When the person guilty of an offense under this Chapter is a partnership, firm or other associations, every partner, director and officer of the partnership, firm or other associations, shall also be liable for that offense unless he or she proves that the offense was committed without his or her knowledge or consent. A violator under this Chapter shall be sentenced to a fine as provided for by regulation made pursuant to hereto, or imprisonment of not less than six months and not more than one year, or both.
4. In furtherance of Subsection (1), (2) and (3) of this Section, where a violation results in a gain, the violator shall pay a fine of double the gain consistent with Section 51.9(C) of the New Penal Code.

§ 51.22. Public enforcement

1. Any person has the right to file a complaint to the Ministry of Health for any violation of the provisions of this Chapter, or rules and regulations pursuant thereto.
2. Wherever feasible, the Ministry shall launch an immediate investigation into all complaints filed by the public.

§ 51.23. Transition

Notwithstanding any other provision of this Chapter to the contrary, a person who, immediately prior to the commencement of this Chapter, was:

1. a manufacturer, importer, exporter, distributor or retailer of any designated product; or
2. the owner or manager of any premises contemplated by this Chapter, shall, within twelve months of such commencement, comply with the requirements of this Chapter.

PART XII

RESEARCH

Chapter 52. CLINICAL TRIALS (CTs)

Sub-Chapter A. Definitions

§ 52.1. Definitions

Sub-Chapter B. Clinical Trials Technical Advisory & Ethical Committee

§ 52.2 Establishment of Technical Advisory & Ethical Committee

§ 52.3 Objective of the Committee

§ 52.4 Functions of the Committee

§ 52.5 Composition of the Committee

§ 52.6 Tenure of office of members

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§ 52.10 Clinical trials

§ 52.11 LMHRA to Investigate

§ 52.12 Conditions to conduct clinical trials

§ 52.13 Informed consent for clinical trials

§ 52.14 Supply of information prior to clinical trial

§ 52.15 Powers to stop or suspend clinical trials

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§ 52.17 Reports on clinical trials

§ 52.18 Renewal of clinical trial certificate

§ 52.19 Application of Part

§ 52.20 Confidentiality

§ 52.21 Penalty

Subchapter A. Definitions

§ 52.1. Definitions

In this Chapter, unless the context otherwise requires,

1. “**adverse event**” means an undesirable experience occurring in a patient or clinical investigation subject administered a pharmaceutical product and which experience does not necessarily have a causal relationship with the treatment;

2. **“clinical trial”** means any research study that prospectively assigns human participants or groups of humans or animals to one or more health-related interventions to evaluate the beneficial or harmful effects on health outcomes. The interventions include but are not limited: to drugs, cells and other biological products, surgical procedures, radiological procedures, devices, behavioral treatments, process-of-care changes, preventive care, etc.;
3. **“cosmetic”** includes a substance or mixture of substances manufactured, sold or represented for use in cleansing, improving or altering the complexion, skin, hair, eye or teeth and deodorants and perfumes;
4. **“medical device”** means an instrument, apparatus, implement, a medical equipment, machine, contrivance, implant, in vitro reagent, or any other similar or related article, including a component, part, or an accessory which is:
 - (a) recognized in the official natural formulary or pharmacopoeia or a supplement to them, or
 - (b) intended for use in the diagnosis of a disease or any other condition, or in the cure, mitigation, treatment or prevention of disease in humans and animals, or
 - (c) intended to affect the structure or a function of the body of the human being or other animal and which does not achieve any of its principal intended purposes through chemical action within the body of the human being or any other animal and which is not dependent on being metabolized for the achievement of any of its principal intended purposes.

Subchapter B. Clinical Trials Technical Advisory & Ethical Committee

§ 52.2. Establishment of Technical Advisory & Ethical Committee

There is hereby established a Clinical Trials Technical Advisory & Ethical Committee (CTAEC) which shall operate as an independent body void of any interference from the Ministry of Health, the LMHRA and any other regulatory body. The members of the CTAEC shall be appointed through a competitive vetting process by the Board of Directors of LMHRA which has regulatory oversight on all clinical research on medicines and health Products.

§ 52.3. Objective of the Committee

The objective of the CTAEC is to advise and assist the LMHRA relative to decisions regarding CTs approvals, rejections, suspension or revocation of licenses, stop orders, etc. All reports generated by the CTAEC shall be kept at the LMHRA.

§ 52.4. Functions of the Committee

The CTAEC shall review the work of the Clinical Trials Department of the LMHRA, and provide expert opinions on decisions taking by the LMHRA. Additionally, the committee shall perform the following:

1. ensure that the safety, integrity and rights of participants in a particular trial are protected;
2. ensure that appropriate strategies and standards are in place to protect participants from potential adverse consequences of CTs;
3. ensure that research meets the high ethical and scientific standards, thereby providing public reassurance;
4. ensure that individuals receive sufficient information, which can be easily understood;
5. ensure that research proposals are treated with respect and consideration.

§ 52.5. Composition of the Committee

1. The Committee consists of the following who shall be appointed by the Minister of Health:
 - (a) a clinical pharmacologist,
 - (b) a social scientist,
 - (c) an internal medicine practitioner,
 - (d) a clinical pharmacist,
 - (e) an epidemiologist,
 - (f) a pharmacologist,
 - (g) a biostatistician,
 - (h) a pediatrician,
 - (i) a geriatrician,
 - (j) a clinical pathologist,
 - (k) a surgical specialist,
 - (l) a medical herbalist; and
 - (m) a toxicologist
 - (n) a legal expert
2. The members of the Committee shall elect its officials (Chairperson, Vice Chairperson and Secretary).

§ 52.6. Tenure of office of members

1. A member of the Committee shall hold office for a period not exceeding three years and is eligible for re-appointment, but a member shall not be appointed for more than two terms.
2. A member of the Committee may at any time resign from office in writing addressed to the LMHRA Managing Director
3. A member of the Committee, who is absent from three consecutive meetings of the Committee without sufficient cause ceases to be a member of the Committee.

4. The LMHRA Managing Director may by letter addressed to a member revoke the appointment of that member.
5. Where a member of the Committee is, for a sufficient reason, unable to act as a member, the LMHRA Managing Director shall determine whether the inability would result in the declaration of a vacancy.
6. Where there is a vacancy:
 - (a) under Subsections (3) and (4) above, or Section 52.8(2);
 - (b) as a result of a declaration under subsection (5) above; or
 - (c) by reason of the death of a member, the LMHRA Managing Director shall appoint a person to fill the vacancy.

§ 52.7. Meetings of the Committee

1. The Committee shall meet at least once every three months for the dispatch of business at the times and in the places determined by the chairperson.
2. The chairperson shall at the request in writing of not less than one-third of the membership of the Committee convene an extraordinary meeting of the Committee at the place and time determined by the chairperson.
3. The quorum at a meeting of the Committee is seven members of the Committee or a greater number determined by the Committee in respect of an important matter.
4. The chairperson shall preside at the meetings of the Committee and in the absence of the chairperson, the co-chairperson shall preside.
5. Matters before the Committee shall be decided by a majority of the members present and voting and in the event of an equality of votes, the person presiding shall have a casting vote.
6. The Committee may co-opt a person to attend a Committee meeting, but that person shall not vote on a matter for decision at the meeting.

§ 52.8. Disclosure of interest

1. A member of the Committee who has an interest in a matter for consideration:
 - (a) shall disclose the nature of the interest and the disclosure shall form part of the record of the consideration of the matter; and
 - (b) shall not participate in the deliberations of the Committee in respect of that matter.
2. A member ceases to be a member of the Committee if that member has an interest in a matter before the Committee and
 - (a) fails to disclose that interest, or
 - (b) participates in the deliberations of the matter.

§ 52.9. Remunerations

A member of the Committee shall be paid the remunerations, emolument, or allowances approved by the Board of Directors of the LMHRA. To avoid double dipping, a member of the Committee who is already receiving remunerations, emolument, or allowances directly or indirectly from the LMHRA/or the Government shall not however receive extra allowances by virtue of his/her appointment as a member of the Committee.

Subchapter C. Clinical Trials

§ 52.10. Clinical trials

The LMHRA Clinical Trials Guidelines shall be the reference for clinical trials matters.

1. A person shall not, in the course of a business carried on by that person:
 - (a) sell, supply or donate a drug, herbal medicinal product, cosmetic or medical device for the purpose of a clinical trial, or
 - (b) procure, import, manufacture or assemble a drug, herbal medicinal product, cosmetic, medical device for sale or supply for the purpose of a clinical trial, unless that person is a holder of an approved valid certificate issued by the LMHRA.
2. A person shall not, however, conduct a clinical trial of a drug, herbal medicinal product, cosmetic, medical device or procedure without an approved valid certificate issued by the LMHRA
3. A person who desires to conduct a clinical trial of a medicine, herbal medicinal product, cosmetic, medical device, or procedure shall submit to the LMHRA an application as prescribed by the LMHRA Clinical Trials Guidelines

§ 52.11. LMHRA to Investigate

The LMHRA shall monitor all clinical trials and investigate matters arising therefrom to ensure that Clinical Research Organizations (CROs) are in compliance with Clinical Trials Guidelines

§ 52.12. Conditions to conduct clinical trials

The LMHRA shall prescribe guidelines and standards for conducting clinical trials and may make regulations governing clinical trials.

§ 52.13. Informed consent for clinical trials

Where the LMHRA grants authorization for the conduct of a clinical trial of a drug, herbal medicinal product, cosmetic, medical device or procedure, the trial shall not take place until:

1. in the case of the treatment of adult persons, the voluntary written informed consent of the person taking part in the clinical trial has been freely obtained by the person conducting the trial and for a person who cannot read and write in a language that the person understands;

2. in the case of the treatment of a child or persons under legal disability, the voluntary written informed consent of their parents or legal guardians has been freely obtained by the person conducting the trial;
3. in the case of animals, the voluntary written informed consent of the owners of the
4. animals taking part in the clinical trial has been freely obtained by the person conducting the trial; and
5. insurance coverage is provided for prospective participants.

§ 52.14. Supply of information prior to clinical trial

Where a clinical trial of a drug, herbal medicinal product, cosmetic or medical device is authorized under this Part, the person conducting the trial shall, before commencing the trial:

1. inform the persons taking part in the trial or persons whose animals will take part in the trial about
 - (a) the aims and objectives of the clinical trial and the way in which it will be conducted, and
 - (b) the possible risks, discomforts and any other adverse effects that may result;
2. ensure that a person or an animal taking part in the trial does not sustain an injury during the trial from the amounts which are prescribed by the Committee; and
3. sign an indemnity in the form determined by the Committee indemnifying the LMHRA from liability in respect of an injury or an adverse event which may be sustained by a person or an animal, directly or indirectly, as a result of the conduct of the trial and which occurs or reveals itself at the time of trial or subsequently.

§ 52.15. Powers to stop or suspend clinical trials

1. If at any stage during an authorized clinical trial of a medicine, herbal medicinal product, cosmetic or medical device the Committee is convinced that, considering the initial risks:
 - (a) discomfort is a result, or
 - (b) there is other adverse effect to a person or an animal taking part in the trial, or
 - (c) continuance of the trial is against public interest,it shall advise, based upon evidential data, to stop or suspend the trial. The LMHRA shall immediately order the person conducting the clinical trial to stop or suspend the trial immediately unless it is imperative to do so.

§ 52.16. Monitoring of clinical trials

The LMHRA shall monitor all clinical trials to ensure that CROs are in compliance with the Clinical Trials Guidelines.

§ 52.17. Reports on clinical trials

1. A person conducting a clinical trial shall submit to the LMHRA the reports that the LMHRA may require.
2. In addition to the report, the person who is conducting the trial shall immediately report to the LMHRA any adverse event observed during the trial.

§ 52.18. Renewal of clinical trial certificate

1. Subject to this Section, a clinical trial certificate unless previously renewed or revoked, shall expire at the end of the authorized period of the trial.
2. A certificate may be renewed by the LMHRA for a further period on the application of the holder.

§ 52.19. Application of Part

The provisions of this Part apply to human and animal participant studies and includes:

1. social and behavioral research,
2. genetic research, and
3. research on human or animal biological samples.

§ 52.20. Confidentiality

To the extent applicable, the provisions of Section 49.7 and 49.8 of this Title relating to confidentiality and privacy shall be applicable to this Part.

§ 52.21. Penalty

A person who contravenes any provision of this Chapter commits a misdemeanor of the first degree.

PART XIII. COLLABORATION

Chapter 53. ONE HEALTH COORDINATION PLATFORM

§ 53.1. Definitions

§ 53.2. Scope

§ 53.3. Purpose

§ 53.4. Establishment of One Health Coordination Platform (OHCP)

§ 53.5. Functions of One Health Coordination Platform

§ 53.6. Governance

§ 53.7. Structure of the One Health Coordination Platform

§ 53.8. Funding of the One Health Coordination Platform

§ 53.9. Administration of the Fund

§ 53.1. Definitions

Unless otherwise stated in this Chapter, the following terms shall be defined as:

1. **“One Health”** means the integrated framework for multi-sectoral and interdisciplinary engagement across the human, animal (including wildlife), and environmental health sectors to better prevent, detect, and respond to interconnected health threats.
2. **“One Health Coordination Platform or Platform”** means the forum or structure as established under Section 53.4, that governs the implementation of One Health.
3. **“Technical Committee”** is the permanent, interdependent and interdisciplinary body with subject matter expertise as setup under Section 53.7(B).
4. **“Technical Working Group”** means a specialized sub-committee of the technical committee.
5. **“One Health Secretariat”** means the office that implements the daily operational and administrative functions of the One Health Coordination Platform.

§ 53.2. Scope

This chapter provides for multi-sectoral coordination and partnership to strengthen public health systems to be better prepared to prevent, detect, respond to, and recover from disease pressures at the human-animal-environment interface. This chapter does not subordinate, restrict or prohibit the respective institutions from executing their functions as prescribed by their enabling statutes.

§ 53.3. Purpose

This Chapter creates a collaborative and facilitating framework and mechanism that governs the prevention, detection and preparation for responding to public health events using the ‘One Health’ approach.

§ 53.4. Establishment of One Health Coordination Platform (OHCP)

There is hereby established a multi-sectoral body to be known as the One Health Coordination Platform (OHCP), which shall comprise of ministries and agencies; civil societies and non-governmental organizations; higher learning institutions and international partners.

§ 53.5. Functions of One Health Coordination Platform

The function of the One Health Coordination Platform shall be as follows:

1. Strengthen the institutionalization of a functional One Health approach in Liberia to address Public Health events;
2. Develop joint planning decisions and guidance for policy on prevention, detection, response, and recovery that harmonize efforts across sectors,
3. Create cross-sectoral linkages to share data, information, resources, and capacity building expertise, and
4. Leverage core capabilities of each agency to determine and direct intervention to address possible threats that relate to humans, animals, and the environment that cut across multiple sectors

§ 53.6 Governance

The governing framework of the One Health Coordination shall consist of the Steering Committee, which is the highest governing body; the Technical Committee, the Technical Working Groups and the One Health Secretariat.

§ 53.7. Structure of the One Health Coordination Platform

A. Steering Committee

1. Membership

The OHCP membership will include a multi-sectoral body to be known as the One Health Coordination Platform (OHCP) steering committee, with the Minister of Health as its Chairperson, which shall consist of:

- (a) Minister of Health - Chairperson;
- (b) Ministry of Agriculture – 1st Co-Chairperson;
- (c) Environmental Protection Agency- 2nd Co-Chairperson;
- (d) National Public Health Institute – Coordinating Institute/Secretary;
- (e) Forestry Development Authority;
- (f) the Ministry of Finance and Development Planning;
- (g) the Ministry of Justice;
- (h) the Ministry of Commerce & Industry;
- (i) the Ministry of Education;
- (j) the Ministry of Foreign Affairs;
- (k) the Ministry of Information, Cultural Affairs & Tourism;
- (l) the Ministry of Internal Affairs;

- (m) the Ministry of Gender Social and Children Protection;
- (n) the Ministry of Public Works;
- (o) National Fisheries and Aquaculture Authority;
- (p) Water Sanitation and Hygiene Commission;
- (q) University of Liberia;
- (r) Cuttington University College;
- (s) Tubman University;
- (t) World Health Organization;
- (u) Center for Disease Control and Prevention;
- (v) US Agency for International Development;
- (w) Food and Agriculture Organization;
- (x) International Organization for Migration;
- (y) World Bank;
- (z) European Union;
- (aa) Inter-Religious Council of Liberia;
- (bb) National Civil Society Council of Liberia;
- (cc) Liberia Health Professions Council;
- (dd) Vice President – Ex-officio

2. *Functions*

The Steering Committee shall have the following functions before, during and after a public health emergency when applicable:

- (a) Coordinate multi-sector One Health activities by promoting institutional development to include coordinating resource mobilization for preparedness, risk and vulnerability reduction among Government and other implementing partners;
- (b) Conduct joint evaluation / assessments within major line ministries and agencies;
- (c) Institutionalize the One Health approach to address any public health event and/or pandemic that poses health threats;
- (d) Ensure that appropriate measures are taken for the prevention of events, or the mitigation of their effects, and for capacity building for effective response to events;
- (e) Foster collaboration among stakeholders and trigger response mechanism through the activation of the Incident Management System (action Plan);
- (f) Facilitate joint rapid event assessment and its impact within 24 hours and document impacts, produce situation reports, recommend necessary actions, and communicate information to all stakeholders;
- (g) Reactivate and/or establish various pillars of the incident management system for effective coordination and response led by the responsible sector to be managed by experienced persons with clear roles and responsibilities;
- (h) Evaluate the event and its operations;
- (i) Generate post event reports within a quarter after official declaration of the end of the event;
- (j) Secure all the government and other properties/assets used in the event;
- (k) Carry out a detailed needs and risk assessments for rehabilitation, recovery and reconstruction;

- (l) Develop activity plans linked to human health, animal/wildlife health, and the environment;
- (m) Create additional technical working groups as the need arises.
- (n) Promulgate policies, guidelines or standard operating procedures that govern the implementation of the One Health Platform

3. *Meetings*

- (a) *Regular Meetings:* The Steering Committee shall meet semi-annually at a place and time to be determined by the Coordinating Institute/Secretary of the Committee in consultation with the Chairperson.
- (b) *Special Call Meeting:* The Steering Committee shall meet to deliberate on matter of emergency at any given time as deemed appropriate by the Chairperson and upon a special call by the National Coordinating Institute/Secretary.
- (c) *Quorum:* At any duly called meeting, the Quorum of the Steering Committee shall be the presence of the Ministry of Health, Ministry of Agriculture, Environmental Protection Agency, National Public Health Institute, Forestry Development Authority, two other ministries or agencies of Government, and any two other members of the Steering Committee.
- (d) *Decision Making:* Decision of the Steering Committee shall be reached by consensus. Failure of the Committee to reach a consensus on any issue, decision shall be reached through the taking of votes and based on simple majority. Where a tie exist, the presiding shall break the tie. Only representatives of members present at a meeting shall be entitled to vote.
- (e) *Invitation of Non-Member to Steering Committee Meetings:* The Coordinating Committee in consultation with the Chairperson shall invite any individual or institution to the meeting of the Steering Committee to aid in the Committee's deliberations and decision making, which the invitee is familiar with.
- (f) *Rules:* The Steering Committee shall establish its own rules to govern its deliberation.

B. One Health Technical Committee (OHTC)

1. *Membership*

The OHTC shall consist of specialized divisions of the ministries and agencies of the steering Committee, namely:

- (a) National Public Health Institute of Liberia- Director General (Chair)
- (b) Ministry of Agriculture- Deputy Minister for Technical Services – (Co-Chair)
- (c) National Public Health Institute of Liberia – Division responsible for Infectious Disease and Epidemiology
- (d) National Public Health Institute of Liberia – Division responsible for Laboratory and Public Health Diagnostics

- (e) National Public Health Institute of Liberia – Division responsible for Environmental and Occupational Health
- (f) Ministry of Health – Division of Pharmacy
- (g) Liberia Medical Health Products Regulatory Authority (LMHRA) – Laboratory
- (h) Central Agriculture and Research Institute (CARI) – Laboratory
- (i) Ministry of Agriculture – Animal Health Sciences / Epidemiological Unit
- (j) Ministry of agriculture – Central Veterinary Laboratory
- (k) Ministry of Commerce and Industry – National Standard Laboratory
- (l) Environmental Protection agency – Compliance / Laboratory
- (m) Forestry Development authority – Wildlife Management/Conservation
- (n) National Disaster Management Agency
- (o) National Fisheries and Aquaculture Agency

2. *Functions*

The OHTC shall have the following functions:

- (a) serve as a supervisory and parent body for the Technical Working Groups (TWGs);
- (b) On the advice and recommendation of the TWG, advocate for action in line with the objectives of the OHCP in Liberia and One Health institutionalization throughout the region;
- (c) Serve as a link between the TWGs and the One Health Steering Committee.

3. *Meeting*

- (a) *Regular Meetings:* The Technical Steering Committee shall meet quarterly at a place and time to be determined by the Chairperson of the Committee.
- (b) *Special Call Meeting:* The Technical Committee shall meet to deliberate on matter of emergency at any given time as deemed appropriate by the Chairperson. c. Quorum: At any duly called meeting, the Quorum of the Technical Committee shall comprise of two third of membership of the Committee.
- (c) *Decision Making:* Decision of the Technical Committee shall be reached by consensus. Failure of the Committee to reach a consensus on any issue, decision shall be reached through the taking of votes and based on simple majority. Where a tie exists, the presiding shall break the tie. Only representatives of members present at a meeting shall be entitled to vote.
- (d) *Invitation of Non-Member to Technical Committee Meetings:* The Committee shall invite any individual or institution to the meeting of the Technical Committee to aid in the Committee’s deliberations and decision making.
- (e) *Rules:* The Technical Committee shall conduct its meeting by Parliamentary Procedures.

C. Technical Working Groups (TWGs)

The Technical Working Group as prescribed in §53.7(C) shall consist of the following:

1. National Epidemiology Surveillance Technical Working Group

- (a) *Membership.* The membership of the National Epidemiology Surveillance Technical Working Group shall consist of Directors of specialized divisions/departments of ministries and agencies of the Steering Committee, namely:
- i. National Public Health Institute of Liberia – Director /Infectious Disease Epidemiology (Chair)
 - ii. Ministry of Agriculture – Animal Health/Epidemiological Unit (Co-Chair)
 - iii. One Health Secretariat
 - iv. National Public Health Institute of Liberia – Division responsible for Infectious Disease and Epidemiology
 - v. National Public Health Institute of Liberia – National Public Health Laboratory
 - vi. National Public Health Institute of Liberia – Environmental Health
 - vii. Ministry of Agriculture – Animal Health Sciences / Epidemiological Unit
 - viii. Forestry Development Authority – Wildlife Management/Conservation
 - ix. National Disaster Management Agency
 - x. Ministry of Foreign Affairs – Chemical, Biological, Radiological, Nuclear Platform Meetings
- (b) *Functions.* The National Epidemiology Surveillance Technical Working Group shall have the following functions:
- i. Develop technical and operational tools to support the strengthening of national disease control strategies (IDSR, Wildlife, OIE);
 - ii. Serve as an inter-ministerial, multi-disciplinary technical group with oversight and ensure technical capacity for human-animal-ecosystem interface for the surveillance system;
 - iii. Raise awareness among government, funding agencies and other strategic partners so that surveillance is given higher priority and visibility;
 - iv. Establish a mechanism for effective exchange of information;
 - v. Improve collaboration among governments, organizations, institutions, agencies engaged in human- animal-ecosystem interface to reduce its impact on the health of people and livestock and pursue integrated cost effective approaches to prevention and control programs;

- vi. Operationalize preparedness and management of zoonotic disease epidemics;
- vii. Enhance efforts to prevent and control zoonotic infection;
- viii. Work with the relevant offices to develop a One Health Communication Strategy, and review curricula of pre-service training institutions; and
- ix. Provide update to the OHTC on trends and analyses of events (Human, animal and Environmental) linked to JEE score on country's performance.

c. *Meeting*

- i. *Regular Meetings:* The National Epidemiology Surveillance Technical Working Group shall meet monthly at a place and time to be determined by the Chairperson.
- ii. *Special Call Meetings:* The National Epidemiology Surveillance Technical Working Group shall meet to deliberate on matter of emergency at any given time as deemed appropriate by the Chairperson.
- iii. *Quorum:* At any duly called meeting, the Quorum of the TWG shall comprise of two third of its membership.
- iv. *Decision Making:* Decision of the TWG shall be reached by consensus. Failure of the TWG to reach a consensus on any issue, decision shall be reached through the taking of votes and based on simple majority. Where a tie exist, the presiding shall break the tie. Only representatives of members present at a meeting shall be entitled to vote.
- v. *Rules:* The Steering Committee shall establish its own rules to govern its deliberation.

2. National Laboratory Surveillance Technical Working Group

(a) *Membership*

The membership of the National Laboratory Surveillance Technical Working Group shall consist of Directors of specialized divisions/departments of ministries and agencies of the Steering Committee, namely:

- i. Ministry of Agriculture -Director of Central Veterinary Laboratory (Chair)
- ii. National Public Health Institute of Liberia - Director of National Public Health Laboratory(Co-Chair)
- iii. One Health Secretariat
- iv. National Public Health Institute of Liberia – National Public Health Laboratory
- v. National Public Health Institute of Liberia – Environmental Health Lab
- vi. Ministry of Health – Division of Pharmacy
- vii. Ministry of Health – National Diagnostic Division
- viii. Ministry of Agriculture – Central Veterinary Laboratory
- ix. Liberia Medical Health Regulatory Authority (LMHRA)– Laboratory
- x. Central agriculture and Research Institute (CARI)– Laboratory

- xi. Ministry of Commerce and Industry – National Standard Laboratory Units
- xii. Environmental Protection Agency – Compliance / Laboratory
- xiii. National Disaster Management Agency
- xiv. National Fisheries and Aquaculture Authority – Fishery Laboratory
- xv. Ministry of Foreign Affairs – Chemical, Biological, Radiological, Nuclear Platform Meetings

(b) *Functions*

The National Laboratory Technical Working Group shall have the following functions:

- i. Improve diagnostic capacity through training opportunities for laboratory technicians (long and short- term) including revision of curriculum for in-service and pre-service institutions and the conduct of regular supervision and on-site mentoring;
- ii. Advocate to institutionalize a laboratory training program within the University of Liberia (Master and PhD level);
- iii. Support and ensure laboratory facilities and/or institutions perform competent diagnostic procedures and calibration to obtain accurate testing results;
- iv. Establish Quality Management System (QMS), including external quality assessment (EQA) and internal quality assessment (IQA);
- v. Develop and implement standard operating procedures (SOPs) for all testing procedures and ensure adherence at public, private, charity, and concession facilities;
- vi. Initiate and support mandatory licensing of all health facilities (public, private, charity and concession) using agreed upon criteria including networking for quality control standards and support;
- vii. Strengthening knowledge and evidence base through laboratory and research;
- viii. Conduct inventory for all laboratory equipment in country for human, animal and environmental facilities and ensure functionality;
- ix. advocate got reagents and supplies to ensure continuous diagnostic capacity and avoid stock-outs;
- x. Ensure regular preventative and curative maintenance of laboratory equipment including generators, air conditioning, water supply, and management and disposal of all waste to support infection prevention;
- xii. Build sustained partnerships nationally and internationally to facilitate development of in-country workforce capacity for laboratory diagnosis;
- xiii. Ensure regular information sharing using standard data collection and reporting tools as well as institute effective communication and coordination strategies among all stakeholders (constituencies, sectors and disciplines);
- xiv. Monitor and coordinate national and sub-national activities for establishment of laboratory policies, strategies and plans; and

- xv. Submit a regular quarterly report to the OHTC using agreed upon indicators on country's performance.

(c) *Meeting*

- i. *Regular Meetings:* The National Laboratory Surveillance Technical Working Group shall meet monthly at a place and time to be determined by the Chairperson.
- ii. *Special Call Meeting:* The National Laboratory Surveillance Technical Working Group shall meet to deliberate on matter of emergency at any given time as deemed appropriate by the Chairperson. Quorum: At any duly called meeting, the Quorum of the TWG shall comprise of two third of its membership.
- iii. *Decision Making:* Decision of the TWG shall be reached by consensus. Failure of the TWG to reach a consensus on any issue, decision shall be reached through the taking of votes and based on simple majority. Where a tie exist, the presiding shall break the tie. Only representatives of members present at a meeting shall be entitled to vote.

3. National Preparedness and Response Technical Working Group

(a) *Membership*

The membership of the National Preparedness and Response Technical Working Group shall consist of Directors of specialized divisions/departments of ministries and agencies of the Steering/Technical Committee, namely:

- i. National Public Health Institute of Liberia - Director of Epidemic Preparedness and Response(Chair)
- ii. Environmental Protection Agency - Director of Compliance / Laboratory (Co-Chair)
- iii. One Health Secretariat
- iv. National Public Health Institute of Liberia – Division of Infectious Disease and Epidemiology
- v. National Public Health Institute of Liberia – National Public Health Laboratory
- vi. Ministry of Health – Director -County Health Services
- vii. Ministry of Health – Division of Health Promotion
- viii. Ministry of agriculture – animal Health Sciences / Epidemiological Unit
- ix. National Disaster Management Agency
- x. Ministry of Foreign Affairs – Chemical, Biological, Radiological, Nuclear Platform
- xi. Environmental Protection Agency – Compliance

(b) *Functions*

The Following shall constitute the functions of the National Preparedness and Response Technical Working Group:

- i. Advocate for the development and dissemination of protocols, guidelines and manuals for different professional levels (human, animal and environmental);
- ii. Jointly develop a national integrated EPR plan prepared at different levels;
- iii. Provide needed human resource capacity at different levels in the context of One Health (human, animal and environmental);
- iv. Develop effective communication strategies and adequate community engagement and participation in events;
- v. Document available human resource capacity at central, county, district, facility and community levels and suggest support needed to mitigate any gaps identified;
- vi. Organize and hold regular cross-border and intra-county meetings to support information sharing for tracking events including effective networking, monitoring of potential threats and identifying opportunities to collaborate with stakeholders;
- vii. Advocate for the availability of sufficient emergency stockpile (drugs, supplies etc..) to support preparedness and timely response for emergencies in the context of One Health (human, animal and environmental);
- viii. Review and/or update contingency emergency operational manual to support processes for receiving funds during an event/outbreak to avoid bureaucratic procedures, through the Ministry of Finance development planning and development partners to ensure the availability of necessary and essential resources to support timely and prompt interventions/response;
- ix. Provide and allocate all necessary materials and equipment and ensure that they are made available at the right time, and positioned at strategic areas;
- x. Document interventions/response linked to events from human, animal and environmental health for experiences and lessons learned to support action reviews for unknown event; and
- xi. Support post-event interventions for psychosocial and mental health rehabilitation through counseling and support to those impacted by events.

c. *Meeting*

- i. Regular Meetings: The National Preparedness and Response Technical Working Group shall meet monthly at a place and time to be determined by the Chairperson.
- ii. Special Call Meeting: The National Preparedness and Response Technical Working Group shall meet to deliberate on matter of emergency at any given time as deemed appropriate by the Chairperson.
- iii. Quorum: At any duly called meeting, the Quorum of the TWG shall comprise of two third of its membership.
- iv. Decision Making: Decision of the TWG shall be reached by consensus. Failure of the TWG to reach a consensus on any issue, decision shall be reached through the taking of votes and based on simple majority. Where a tie exist, the presiding shall break the tie. Only representatives of members present at a meeting shall be entitled to vote.

4. National Anti-Microbial Resistance (AMR) Technical Working Group

a. Membership

The membership of the National Anti-Microbial Resistance Technical Working Group shall consist of Directors of specialized divisions/departments of ministries and agencies of the Steering/Technical Committee, namely:

- i. Ministry of Health - Director of the Division of Pharmacy (Chair);
- ii. Ministry of Commerce and Industry - Director of Inspector / Laboratory Units (Co-Chair);
- iii. Ministry of Agriculture;
- iv. National Public Health Institute of Liberia – National Public Health Laboratory;
- v. National Public Health Institute of Liberia – Environmental Health;
- vi. Liberia Medical Health Regulatory Authority (LMHRA) – Laboratory;
- vii. Ministry of Agriculture – Animal Health Sciences / Epidemiological Unit;
- viii. Ministry of Agriculture – Central Veterinary Laboratory;
- ix. Ministry of Health – Program Manager - National AIDS & STI Control Program;
- x. Ministry of Health – Program Manager - National Leprosy & TB Control Program;
- xi. Environmental Protection Agency – Compliance / Laboratory;
- xii. Forestry Development Authority – Wildlife Management/Conservation;
- xiii. Central Agriculture Research Institute – Director – Fisheries;
- xiv. Ministry of Commerce and Industry – Inspector/Laboratory Units;
- xv. National Disaster Management Agency;

b. Functions

The following shall constitute the functions of the National Anti-Microbial Resistance Technical Working Group:

- i. Improve awareness and understanding of AMR through effective communication, education and training;
- ii. Strengthen knowledge and evidence-base through surveillance and research;
- iii. c. Reduce incidence of Infection through effective sanitation, hygiene and infection, prevention and control measures;
- iv. Promote optimal use of antimicrobials agents in human and animal health;
- v. Identify opportunities for economic investment to ensure sustainability of innovations;
- vi. Build sustained partnerships and work nationally and internationally on containment of AMR;
- vii. Identify other stakeholders and facilitate formation of an inclusive AMR;
- viii. Facilitate, coordinate and monitor the implementation of national action and operational plans for containment of AMR;

- ix. Ensure regular data collection and information sharing by instituting effective communication and coordination among all stakeholders, the members of AMR and their constituencies, sectors and disciplines;
- x. Coordinate national and sub-national activities for establishment of AMR surveillance systems; and
- xi. Report on the prevalence of and trends in AMR (evidence-based) to technical committee and partners linked to Joint Extended Evaluation (JEE) score on progress on country performance including the global AMR surveillance system.

c. *Meeting*

- i. *Regular Meetings:* The National Anti-Microbial Resistance Technical Working Group shall meet monthly at a place and time to be determined by the Chairperson.
- ii. *Special Call Meeting:* The National Anti-Microbial Resistance Technical Working Group shall meet to deliberate on matter of emergency at any given time as deemed appropriate by the Chairperson. Quorum: At any duly called meeting, the Quorum of the TWG shall comprise of two third of its membership.
- iii. *Decision Making:* Decision of the TWG shall be reached by consensus. Failure of the TWG to reach a consensus on any issue, decision shall be reached through the taking of votes and based on simple majority. Where a tie exist, the presiding shall break the tie. Only representatives of members present at a meeting shall be entitled to vote.

5. National Human Resources/Workforce Technical Working Group

(a) *Membership*

The membership of the National Human Resource Technical Working Group shall consist of Directors of specialized divisions/departments of ministries and agencies of the Steering/Technical Committee, namely:

- i. National Public Health Institute of Liberia - Director of Training and Capacity (Chair);
- ii. Forestry Development Authority - Director of Wildlife Management /Conservation (Co-Chair);
- iii. One Health Secretariat;
- iv. National Public Health Institute of Liberia – Division responsible for Infectious Disease and Epidemiology;
- v. National Public Health Institute of Liberia – Division responsible for Environmental and Occupational Health;
- vi. Ministry of Health – Division of Pharmacy;
- vii. Liberia Medical Health Regulatory Authority (LMHRA) – Laboratory;
- viii. Ministry of Agriculture – Central Veterinary Laboratory;
- ix. Environmental Protection Agency – Compliance / Laboratory;

- x. Forestry Development Authority – Wildlife Management/Conservation;
- xi. National Disaster Management Agency;
- xii. Ministry of Commerce – National Standard Laboratory;
- xiii. Ministry of Foreign Affairs – Chemical, Biological, Radiological, Nuclear Platform Meetings;

(b) *Functions*

The following shall constitute the functions of the National Human Resources/Work- force Technical Working Group:

- i. Expand the membership to a multidisciplinary Technical Working Group to support staff capacity for disease surveillance and response;
- ii. Support the development of a disease surveillance workforce strategy to help response to infectious diseases linked to human, animal and environmental health in the context of One Health;
- iii. Conduct assessment to determine capacity needs, available capacity, and gaps for disease surveillance and response in the country in the context of One Health (Epi Surveillance, Laboratory, Preparedness and Response, Coordination and Financial Management);
- iv. Develop disease surveillance training plans (in-pre-service) including short- and long-term across sectors (human, animal and environmental) on how to integrate continuing professional education and continuing professional development as part of scaling to ensure excellence in care, responsive service delivery and sustainable systems;
- v. Develop training database and track all trainings linked to One Health (human, animal and environmental) by specific professional areas; and
- vi. Review and update criteria for selection link to career ladder in-pre-service (long- and short- term) after accounting for technical and policy guidelines.

(c) *Meeting*

- i. *Regular Meetings:* The National Human Resources/Workforce Technical Working Group shall meet monthly at a place and time to be determined by the Chairperson.
- ii. *Special Call Meeting:* The National Human Resources/Workforce Technical Working Group shall meet to deliberate on matter of emergency at any given time as deemed appropriate by the Chairperson.
- iii. *Quorum:* At any duly called meeting, the Quorum of the TWG shall comprise of two third of its membership.
- iv. *Decision Making:* Decision of the TWG shall be reached by consensus. Failure of the TWG to reach a consensus on any issue, decision shall be reached through the taking of votes and based on simple majority. Where a tie exist, the presiding shall break the tie. Only representatives of members present at a meeting shall be entitled to vote.

6. One Health Secretariat (OHS)

The One Health Secretariat shall be directly supervised by the Coordinating Institute and staffed by and through secondment of relevant staff from/by the Ministry of Health, Ministry of Agriculture, Forestry Development Authority, Environmental Protection Agency, Ministry of Commerce, and the National Public Health Institute of Liberia.

(a) Functions

The following shall constitute the functions of the One Health Secretariat:

- i. Facilitate the overall work and activities of the OHCP, including the Steering Committee, the Technical Committee and the Technical Working Groups. Coordination will include logistics, communication, and supporting review meetings across administrative levels.
- ii. The Secretariat will be responsible for organization of logistics for meetings of the OHCP bodies, including the Steering Committee, the One Health Technical Committee and Technical Working Groups.
- iii. The OHS will be responsible for clear communication which is essential for effective implementation of activities that require awareness and buy in from the multiple players of the OHCP. Key communication activities will involve the following:
 - a. Develop mechanisms for data sharing and analysis across sectors and regions in Liberia, such as maintenance of a One Health Coordination Platform website as well as distribution of printed fact sheets and semi-annual reports.
 - b. Conduct data analysis and review for quality assurance
 - c. Develop integrated dashboards using agreed indicators to support situational awareness.
- iv. Support coordination structures and review processes across administrative levels, such as through the following activities:
 - a. Establish and/or strengthen ongoing coordination structures at county, district and community levels including sector focal persons with needed logistics
 - b. Support joint supportive supervision (central, county and district level teams)
 - c. Provide support to central level semi-annual and county-level quarterly review meetings

§53.8. Funding of the One Health Coordination Platform

1. There is hereby established a fund to be known as the One Health Coordination Platform Fund.
2. The Fund shall consist of:

- (a) Appropriations by the Legislature for that purpose;
- (b) Grants
- (c) Donations
- (d) Bilateral and /or multilateral arrangements

§53.9. Administration of the Fund

1. The Steering Committee shall designate an Administrator of the Fund.
2. The Fund shall be managed consistent with the Public Financial Management Act.
3. Without prejudice to Subsection (2) above, the Administrator shall:
 - (a) Keep or cause to be kept proper books of account and other books and records in relation to the Fund as well as to all the various activities and undertakings of the Fund;
 - (b) Transmit, within two months of the end of the fiscal year, to the Chairperson of the Steering Committee in respect of each financial year a statement of account relating to the Fund specifying income to the Fund in such details as in accordance with the Public Financial Management Act;
 - (c) Furnish such additional information as may be deemed sufficient and necessary for the purpose of examination and audit by the Auditor General in keeping with law;
 - (d) Engage such staff as may be necessary to assist in the management of the Fund;
 - (e) Supervise and control the administration of the Fund;
 - (f) Impose conditions on the use of any expenditure and may impose any reasonable restriction or other requirement concerning use or expenditure; and
 - (g) Perform any other functions that may be determined by the Steering Committee.

PART XIV. SUNDRY MATTERS

Chapter 54. MISCELLANEOUS

§ 54.1. *International Health Regulations*

§ 54.2. *Health information, reporting and notification*

§ 54.3. *Immunity and Indemnity*

§ 54.4. *Application*

§ 54.5. *Repeals and Amendments*

§ 54.6. *Severability*

§ 54.1. International Health Regulations

1. The provisions of the World Health Organization's International Health Regulations (2005) is incorporated into this Title in addition to the Regulations made under this Title. Provisions of the WHO Regulations shall be interpreted in a manner consistent with the provisions of this Title and/or with provisions of the regulations made pursuant to it.
2. The Minister shall give effect to the International Health Regulations to provide a public health response to the international spread of disease.
3. The Minister may, by legislative instrument, modify the provisions of the International Health Regulations to suit the purpose of the Republic.

§ 54.2. Health information, reporting and notification

The Minister may provide for details in respect of notification and reporting of public health events.

§ 54.3. Immunity and Indemnity

A public health official or a designated or otherwise authorized officer who, not acting negligently, acts under this Title, whether acting on behalf of the Ministry, LMHRA or NPHIL, is immune from prosecution and indemnified from acts performed by that official.

§ 54.4. Application

1. This Title binds the Republic, health practitioners and the general public.
2. The provisions on communicable diseases, vaccination, quarantine, vector control and environmental sanitation shall apply to animals with the necessary modification.

§ 54.5. Repeals and Amendments

1. *Repeals.* The following enactments are repealed and reenacted consistent with this title:
 - (a) The Public Health Law of Liberia, Title 33 Liberian Code of Laws Revised (1976);

- (b) The Act to Prohibit the Use of Tobacco and Tobacco Products in Public Places and the Sale and Use of Tobacco and Tobacco Products by Persons under the Age of 18 Years (2008);
 - (c) The HIV/AIDS Act of 2010 titled “An Act to Amend the Public Health Law, Title 33, Liberian Code of Laws Revised (1976) to Create a new Chapter 18 providing for the Control of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)”;
 - (d) The Liberia Medical and Dental Council Act of 2010;
 - (e) The Nursing and Midwifery Act of 2016;
 - (f) The Act creating the Division of Complementary Medicine Within the Ministry of Health & Social Welfare (1989);
 - (g) The Act establishing the Liberian Association of Public Health Inspectors of 1977;
 - (h) An Act to Incorporate the Association of Medical Laboratory Technologists (1977);
 - (i) The Act of Legislature as found in the Children’s Law (2011) amending Sections 51.21 of subchapter B of chapter 51 of the Public Health Law, Title 33, by adding a new Section 1 and amending Subsections 2 and 3 for the further recording of the registration of children born in rural areas.
 - (j) The Mental Health Act of 2017.
2. *Amendments.* The following enactments are amended consistent with this title:
- (a) Section 16.3 of the New Penal Code (1976); is hereby amended consistent with this Title.
 - (b) Section 6 of the Liberia Medicines & Health Products Regulatory Authority (LMHRA) Act (2010) consistent with the powers granted said Authority in this title.
3. Despite the foregoing repealers and amendments, any license, authorization, regulation, notice, order, direction, permit, appointment or any other act lawfully made or done under the repealed enactments and which were in force immediately before the commencement of this Title shall be considered to have been made or done under this Title, and shall continue to have effect until reviewed, cancelled or terminated. Provided that no certificate, license, permit, authorization or approval shall be valid under this Section for more than the period specified therein.
4. No part of this Revised Public Health Law shall be deemed to be impliedly repealed by subsequent legislation if such interpretation can reasonably be avoided.
5. Upon the coming into force of this Title, it shall supersede any other law, regulations, guidelines, directives and such other instrument guiding the health sector, whether or not enumerated under Subsections (1) and (2) above. Any such law, regulations, guidelines or instrument of any form found to be inconsistent with any provision of this Title shall, to the extent of the inconsistency, be deemed amended or repealed.

§ 54.6 Severability

If any provision of this Title or a provision of a regulation made pursuant thereto is held invalid, the invalidity shall not affect other provisions or applications of this law or subsequent regulations which can be given effect without regard to the invalid provisions or applications. To this end the provisions of the law are severable.

ANY LAW TO THE CONTRARY NOTWITHSTANDING