

## REPUBLIC OF GUINEA

Work - Justice - Solidarity



### PUBLIC HEALTH CODE

THE NATIONAL ASSEMBLY OF THE REPUBLIC OF GUINEA.

CONSIDERING THE PROVISIONS OF THE FUNDAMENTAL LAW, PARTICULARLY IN ITS ARTICLES 59 AND 77.

AFTER DELIBERATING IT, ADOPTS:

THE PRESIDENT OF THE REPUBLIC ENACTS THE LAW WHOSE CONTENT SUIT :

#### **BOOK ONE: GENERAL NATION OF PUBLIC HEALTH**

#### **CHAPTER I: FUNDAMENTAL PRINCIPLES AND PROVISIONS**

**Article 1 :** This Law ensures the protection and promotion of Health, the rights and obligations of the individual, the family and the Community throughout the Territory of the Republic of Guinea.

The essential objectives which contribute to the improvement of Health aim to provide the individual, the family and the Community with the minimum sanitary conditions enabling them to lead a social and economically productive life.

The implementation of these objectives is subordinated to the elaboration of a national health map defining the sphere of territorial competence where the Guinean medico-sanitary system will have to apply.

**Article 2:** The national health card will be regulated by an act taken by the Minister in charge of Public Health who ensures its application.

**Article 3:** The individual, the family and the Community enjoy medical and health protection against endemo-epidemic diseases through the constant and sustained improvement of living and working conditions essentially by:

- Compulsory vaccination for the entire Community; - The establishment of adequate health services; - The fight against endemics; - Protection of food and nutritional conditions; - The training of health personnel; - The promotion and emulation of biomedical research, bioethical research, in genetic engineering and in other new medical technologies.

**Article 4:** The national health policy of the Republic in Guinea is defined as the totality of the activities inherent in the promotion and the medical and health protection of the individual, the family and the community in accordance with the provisions of the Article 3 of this Law.

This national health policy is characterized by the coverage of care in accordance with paragraph 2 of article 1 of this Law by ensuring the emulation of primary health care.

This national health policy should take into account the development of the private sector.

**ARTICLE 5:** However, the National Health Policy is essentially based on the following normative considerations:

- The development of the public sector and its prevalence over the private sector which complements it; - The strengthening of complementarity between different sectors contributing to the emulation of Health; - Planning, research which fits into the general framework of socio-economic development; - Intersectoral and multidisciplinary collaboration in the implementation of health programs; - The mobilization of human, material, financial, budgetary and extrabudgetary resources in order to support the programs developed; - The integration of prevention, rehabilitation and rehabilitation activities; - Decentralization and prioritization of Health Services; - The self-responsibility of the individual, the family and the Community, their effective participation in the planning, organization, application and appropriate evaluation of Health Services and programs.

**BOOK SECOND: PUBLIC HEALTH**

## **CHAPTER I: APPLICABLE ENGINEERING MEASURES SANITARY AND PUBLIC HYGIENE**

### **SECTION 1: WATER INTENDED FOR HUMAN CONSUMPTION**

**Article 6:** By drinking water intended for human consumption, we mean water that does not make you sick and that is safe to drink.

**Article 7:** In principle, a distinction is made between prepared water coming from treatment stations, natural underground water coming from catchments, surface water which is that of rivers, rivers, lakes, ponds and atmospheric water consisting of rainwater.

**Article 8:** Collection, storage, pumping and distribution containers must be designed in materials that cannot alter the quality of water for industry and energy before their implementation.

**Article 9:** The materials that can be used, at the end of the aforementioned article 8, must require the favorable and competent opinion of the Ministries in charge of Public Health, Industry and Energy before their implementation.

**Article 10:** The materials in article 8 must not receive any coating likely to disintegrate, to react in contact with water and thus alter the quality of the water intended for consumption.

**Article 11:** The materials used designed in such a way that they must not promote the reversal of water in progress so that they are free from any contamination.

This equipment must not cause a permanent or intermittent rise in water.

**Article 12:** Catchment, treatment, storage and distribution works must be equipped with protective devices; these must be approved by the Prevention Department of the Ministry responsible for Public Health.

**Article 13:** Works: wells, catchment sources, cisterns, recognized as non-compliant with the Regulations relating to water for human consumption must undergo a compliance upgrade;

**Article 14:** Works for the treatment of water intended for human consumption must only be designed in materials provided for by the provisions of article 8 of this law.

The design should allow:

- Sampling upstream and downstream at the level of the equipment used; - A cessation of any treatment that does not comply with the Regulations relating to water treatment; - Active depollution or water diversion; - Active depollution or diversion of polluted water in the event of accidents or during seasonal periods of heavy pollution.

**Article 15:** Products used for water treatment must receive the favorable opinion of the Prevention Service of the Ministry responsible for Public Health.

**Article 16:** Water distributed at any point in a building or in a public place must be drinking water.

**Article 17:** In order to avoid the dis-connection of water return in the network, one can have recourse to another technically valid process for the installation of such a suitable device.

**Article 18:** A suitable pressure fixed by the authorities in charge of Public Health must be ensured at all high points of buildings and public places.

**Article 19:** In works for the production of hot and cold water, a mixture must never occur between the water from the network and the fluid of the vector used.

**Article 20:** Appliances and household appliances, watering and washing equipment must be installed in such a way as to avoid any contamination of the network water and therefore include protective devices.

## **SECTION 2: BATHING WATERS**

**Article 21:** Bathing waters must meet quality criteria characterized by parameters whose admissible values are fixed by the standards in force.

**Article 22:** Swimming pool water must be treated using products authorized by the Departments responsible for public hygiene, except for swimming pools supplied continuously without recycling.

**Article 23:** Any swimming pool open to the public must have pedicures, the number of which depends on the capacity.

**Article 24:** Pedicle water must be permanently treated.

**Article 25:** The surroundings of swimming pools must be regularly maintained, washed and disinfected.

**Article 26:** The products used for special swimming pool treatments must be submitted to the prior opinion of the competent services of the Ministry responsible for Public Health.

**Article 27:** Any bathing place must be subject to periodic quality control by the competent departments of the Ministry responsible for public health.

Consequently, structures intended for recreational waters must comply with design standards.

**Article 28:** No structure intended for bathing can communicate in one way or another, directly with the drinking water network.

### **SECTION 3: WATER POLLUTION**

**Article 29:** At the end of this Law, water pollution can be defined as chemical, organic or nuclear pollution or that determined by international regulations.

This chemical pollution supposes a contribution of the elements likely to affect the quality of water by modifying the organic and biological rate of this one.

While nuclear pollution implies a contribution of toxic nuclear radioactive elements.

**Article 30:** Around the catchment works for water intended for human consumption, an immediate perimeter and an approximate perimeter of protection must be set up.

**Article 31:** It is forbidden to carry out any activity likely to induce water pollution in the approached perimeter.

**Article 32:** Any dumping or burying of toxic products of organic, chemical or nuclear waste in any form whatsoever within the area approached is strictly prohibited under penalty of penalties provided for by the law in force.

**Article 33:** Any dumping or burying of toxic products of organic, chemical or radioactive waste in the bed of a watercourse (river, lake, pond, river) and in the sea, is prohibited under pain of the penalties provided for by the Law in force.

**Article 34:** All surface water is considered polluted water.

**Article 35:** An investigation must be carried out in society in the case of the use of surface water by the competent services of the Ministry in charge of Public Health, to determine:

- If the level and nature of pollution could be corrected by the treatments to be proposed;
- If there is no cause of permanent pollution upstream of the water intake; the investigation therefore requires the opinion of the competent authorities on whether or not to carry out the work.

#### **SECTION 4: HYGIENIC MONITORING OF WATER INTENDED FOR HUMAN CONSUMPTION**

**Article 36:** Sanitary monitoring of water quality is carried out in order to monitor variations in quality at given times and at selected points to prevent any deterioration in their quality. The standards defined are those of the Health Regulations in force.

**Article 37:** Any structure, new or old pipeline must undergo, either before commissioning or periodically, rinsing and disinfection.

The commissioning of a public or private collective network can only be carried out after delivery of a Certificate of Conformity by the competent Departments of the Ministry in charge of Public Health.

**Article 38:** The monitoring and control of the quality of water intended for human consumption are carried out by the Prevention Division and the National Public Health Laboratory of the Ministry responsible for Public Health.

#### **SECTION 5: WATER CONTROL LABORATORY**

**Article 39:** The water control laboratory is part of the hydrology-bromatology unit of the Pharmaceutical and Food Chemistry Department of the National Institute of Public Health.

It is the reference laboratory for water control throughout the National Territory.

**Article 40:** This laboratory has the following essential mission:

- The control of drinking water and intended for other uses on behalf of the Ministry in charge of Health in the interest of public health;
- Verify compliance with WHO standards relating to water quality in Guinea;
- Collect from the competent services the basic data (hydrogeology, physics) of the water points in Guinea;
- Propose quality standards for the production, import and marketing of water in Guinea.

**Article 41:** The laboratory is managed by a pharmacist or a sanitary engineer or a doctor with complementary skills in bacteriological and chemical analyzes of water.

## **SECTION 6: EXCRETA AND WASTEWATER DISPOSAL DOMESTIC AND INDUSTRIAL**

**Article 42:** The following are considered as waste water under this Chapter:

- Domestic wastewater ; - Gray water (washing water for laundry, kitchen, shower); - Sewage water (industrial water made up of all liquid discharges from industries).

**Article 43:** The flow or development of domestic wastewater in the natural environment or on public roads is strictly prohibited under this Law.

**Article 44:** All concessions must be equipped with sanitary structures intended for the collection and treatment of faeces.

For this purpose:

- Any defecation in the open air is prohibited;
- Any burial of excreta in the natural environment is strictly prohibited.

**Article 45:** Domestic wastewater must undergo prior treatment in sanitary facilities before any discharge.

The discharge of effluents from works can only be carried out with the authorization of the competent Departments of the Ministry responsible for Public Health, after having noted that such an operation is technically permitted.

**Article 46:** The Ministry in charge of Public Health defines the terms and conditions for the installation and design of sanitary structures.

**Article 47:** Sewage must obligatorily undergo a preliminary treatment in a station of purification before any rejection. However, the discharge of wastewater treatment plant effluents into the natural environment cannot be accepted on the advice of the Ministries responsible for Public Health and the Environment.

**Article 48:** Any discharge of raw industrial wastewater into the sea, rivers, ponds, lakes, gutters or public sewers is strictly prohibited.

**Article 49:** Industrial wastewater, before any discharge, must undergo one or more treatments in accordance with the Regulations in force.

**Article 50:** Before any discharge, treated wastewater must meet physical, chemical and bacteriological quality criteria guaranteeing the balance of the receiving environment.

**Article 51:** The quality criteria of the effluents treated according to the receiving environments are generally recorded in the technical guidelines designed by the competent technical services of the Ministry in charge of Public Health and the Ministry in charge of the Environment.

## **SECTION 7: DISPOSAL OF SOLID HOUSEHOLD WASTE AND INDUSTRIAL**

**Article 52:** Toxic industrial waste and special hospital waste must be eliminated in accordance with the regulatory provisions.

**Article 53:** Toxic industrial waste and special hospital waste must be eliminated in accordance with the regulatory provisions.

**Article 54:** Any gross dumping of waste of any nature whatsoever is strictly prohibited.



**Article 55:** Any production of solid waste, either at the level of the public authorities or of private officials, the establishment of adequate waste treatment systems subject to the approval of the competent services of the Ministry responsible for public health.

**Article 56:** Faecal sludge from sanitary works and sludge from spreading stations must undergo one or more treatments authorized by the competent departments of the Ministries responsible for public health and the environment before being dumped or possible reuse.

## **SECTION 8: THE USE OF PESTICIDES IN CONTROL ANTISECTORIAL**

**Article 57:** The public and private sectors should contribute to the regular establishment of standards regulating the distribution and use of pesticides in accordance with the provisions of international conventions.

**Article 58:** Pesticides means any substance or combination of substances which is intended to repel, destroy or combat pests, including vectors of human or animal diseases and undesirable species of plants or animals causing human or animal diseases and species undesirable during the production, processing, storage, transport or marketing of foodstuffs, agricultural products, wood and wood products or animal feed, or which may be administered to wood products or animal feed, or which can be administered to animals to combat insects, arachnids and other endo or ecto parasites.

The term includes substances intended for use as plant growth regulators, defoliants, desiccants, fruit thinners or to prevent premature fruit drop as well as substances applied to the crop either before or after harvest, to protect produce from spoilage during storage and transport.

**Article 59:** By pesticide industry, we mean all organizations and all persons involved in the manufacture, formulation or marketing of pesticides and pesticide products.

**Article 60:** Poison from pesticides means any substance which, absorbed in relatively small quantities by human beings, plants

or animals, can cause organic or functional disorders, generating even fatal injuries.

**Article 61:** By registration of pesticides, we mean the process by which the competent authorities approve the sale and use of a pesticide after examination of the complete scientific data showing that the product in question is effective for the intended uses and does not present no excessive risk to human or animal health or to the environment.

**Article 62:** It is prohibited in the Republic of Guinea any pesticide for which all approved uses are prohibited by the Health and Environment Services or applications for approval or other equivalent actions for any use, when these have been rejected for reasons relating to public health or the protection of the environment.

**Article 63:** Any breach of these provisions in the use of pesticides will be punished by imprisonment of 2 to 5 years and a fine of 100,000 to 2 million Guinean francs without prejudice to the application of the provisions of the Penal Code.

## **CHAPTER II: FOOD HYGIENE**

**Article 64:** Food hygiene means the hygiene of food establishments and the hygiene of foodstuffs.

**Article 65:** Under the terms of this Law, stores selling foodstuffs must be ventilated, equipped with fans, sufficiently lit and the floor made of hard and washable materials.

**Article 66:** Sales counters and materials in contact with foodstuffs must not lead to any contamination of the latter. In accordance with Article 65, measures laid down by regulation will determine the conditions for the layout and operation of the said sales counters, with a view to placing these foodstuffs away from any contamination, either during handling or during storage.

**Article 67:** Warehouses intended to store such foodstuffs are also subject to the provisions of Articles 69 and 70 below.

**Article 68:** Any place of sale of foodstuffs must be maintained in a constant state of healthiness.

**Article 69:** The means of transport used for foodstuffs must not also be used for the transport of men, animals or goods which could alter or contaminate these foodstuffs.

**Article 70:** The conditions for the development and operation of public and private slaughterhouses must be defined according to the required technical and health directives.

**Article 71:** Factories and food preparation laboratories must comply with the standards of construction, maintenance and hygiene prescribed by the Regulations in force.

## **SECTION 1: BEVERAGES OTHER THAN MILK**

**Article 72:** Any water intended for the preparation of beverages, maintenance or other operations must result from water distributed by the public network, apart from the formal measures enacted by the directives of the competent authority justifying its potability.

**Article 73:** The materials used for packaging, corking such as: caps, washers, corks must be new and in a state of cleanliness likely to prevent any contamination of the liquid.

The machines, devices and containers used must be constantly cleaned, rinsed and disinfected.

The packaging used, such as glass bottles, must be abandoned as soon as the level of wear is sufficiently advanced.

## **SECTION 2: EDIBLE ICE**

**Article 74:** Any production of edible ice cream that does not exclude contact with the refrigerant fluid is strictly prohibited.

**Section 75:** Milk and milk products intended for human consumption must be kept safe from any high temperature alteration, as well as their original packaging must comply with the standards in force.

**Article 76:** It is strictly forbidden to use food additives, in this case, stabilizers, colorings, flavorings and preservatives. Foods that comply with the provisions of the WHO/FAO Codex Alimentarius.

## **SECTION 4: MEAT – POULTRY AND EGGS**

**Article 77:** In accordance with Ordinances No. 075/PRG/SGG/89 and No. 022/PRG/SGG/90 relating to animal health policy in the Republic of Guinea, to the Regulations for the Inspection and Hygiene of Foodstuffs of Animal Origin laying down rules applicable to the sale and storage of foodstuffs on the markets, the following standards must be observed:

- The animal intended for slaughter must be examined on foot with presentation of a health certificate within 24 hours preceding the operation; - Any suspect animal or animal showing obvious signs of disease can only be slaughtered in accordance with the measures that will be set out by the Minister in charge of Livestock defining the methods and consequences of the ante-mortem examination: - The slaughter must be carried out in good hygienic conditions, avoiding any soiling and any contamination of the carcass while limiting the suffering of the animal.

In general, the measures provided for by Ordinance No. 022/PRG /SGG/90 mentioned above and whose standards govern the slaughter of animals will be applied there.

**Article 78:** Unstacking and plucking will be carried out in such a way as to avoid any contamination of game or poultry.

Therefore, plucked game or plucked poultry will be packaged in accordance with WHO/FAO codex alimentarius standards.

**Article 79:** It is strictly forbidden to use chemical products, except for preservatives and stabilizers duly authorized by the WHO/FAO Codex Alimentarius Regulations.

**Article 80:** Eggs intended for consumption will be stored away from any contact likely to alter them. They will be placed in sold trays. The shells must be free of any trauma.

**Article 81:** The edible qualities of foodstuffs intended for human consumption must comply with the standards of the WHO/FAO codex alimentarius and with the measures set out by the competent authorities responsible for public health.

## **SECTION 5: SEAFOOD AND FRESHWATER PRODUCTS**

**Article 82:** Freshly caught seafood and freshwater products will be spread out on shelves covered with unalterable materials that can be easily washed and disinfected.

However, the conservation of the said products will be done by means of smoking, freezing or deep freezing.

The use of chemicals for this purpose is strictly prohibited.

Are also prohibited:

- Watering and soaking oysters in sea water; - Cooling with non-food ice or using leaves, grasses or fabrics soaked in non-potable water, the sale of batches not provided with the health label issued by the competent authority; - The opening of oysters and shellfish not intended for immediate consumption.

**Article 83:** The processing, storage, handling and distribution of fish, battleships, canned food and frozen foodstuffs will be monitored by the competent services.

## **SECTION 6: ANIMAL OR VEGETABLE FEED**

**Article 84:** The burial, deposit or dumping of solid, industrial waste, sludge from stations, untreated sewage on cultivated land of fruits and vegetables that can be eaten raw is strictly prohibited.

**Article 85:** The competent authorities will carry out a preliminary investigation before any establishment of a market gardening area. Consideration will be given to the immediate protection perimeter and the nature of the protection, the quality of the water used.

It is strictly forbidden to water vegetable gardens with polluted water.

**Article 86:** Any importation of food of animal or vegetable origin requires the authorization and control of the competent authorities.

**Article 87:** Non-traditional foods obtained from animal or plant materials or food products such as flour, yeast, protein isolates, may only be sold after consulting the Ministers responsible for Public Health, Livestock and Agriculture.

**Article 88:** Any offense committed in violation of the provisions of articles 84, 85, 86, 87 above, shall be sentenced to imprisonment of 6 months to 1 year and a fine of 200,000 to 500,000 Guinean francs or one of these two penalties only without prejudice to the application of the provisions of the Penal Code.

## **SECTION 7: COLLECTIVE CATERING**

**Article 89:** A restaurant must meet the following standards and criteria:

- The walls, walls and floors will be kept clean; - The establishment must have sanitary facilities that comply with hygiene standards; - The establishment must be sufficiently ventilated and lit; - The tables must be kept clean at all times, the cutlery, carafes of water and materials used in the kitchen must be kept in a constant state of ownership.

**Article 90:** The fences of collective catering must meet the following standards and criteria:

- The storage of foodstuffs to be prepared will be ensured using a freezer;  
- The freezing of the foodstuffs to be prepared will be ensured using a freezer;  
- The freezing of foodstuffs must be done in clean covered containers for fish and on rods in perfect condition for meat which will be packed in a regulatory plastic bag in which the juice will flow and which ensures its protection. ; - The cutting will be carried out on a smooth, washable and easily disinfectable surface, using materials that are constantly cleaned and kept clean; - The grids must be cleaned and washed after each use; - The establishment must be supplied with water by the public network or be supplied with water recognized as potable by the National Public Health Laboratory.

**Article 91:** Any breach of the provisions of Articles 89 and 90 of this Law shall be punished by imprisonment of 6 months to 1 year and a fine of 50,000 to 500,000 Guinean francs or one of these two penalties only, without prejudice to the application of the provisions of the Environment Code.

## **SECTION 8: HYGIENE OF DISHES AND KITCHENS**

**Article 92:** Hot dishes must be brought directly from the kitchen to the consumer.

- Hot cooked meals, to be eaten hot or not, must comply with the provisions of the WHO/FAO Codex-alimentarius; - Dishes prepared the same day they are eaten must be stored in a refrigerated enclosure at more than 3°C while awaiting service; - In so-called "self-service" establishments, individual service must be controlled and the dishes presented protected to avoid any soiling or contamination of the foodstuffs.

## **SECTION 9: PERSONNEL HYGIENE**

**Article 93:** Restaurant staff must undergo regular medical examinations.

Each employee must have three gowns or aprons.

Any employee suffering from a contagious disease must be released for medical treatment. He will only be able to return to his job after complete recovery, in accordance with the provisions of the Labor Code.

## **CHAPTER III: SOLUBRITY OF BUILDINGS, BUILDINGS HOUSING AND DEVELOPMENT PROJECTS**

### **SECTION 1: SANITATION OF BUILDINGS AND BUILDINGS**

**Article 94:** All development projects for buildings and residential buildings must comply with the provisions of Decree No. 199/PRG/SGG/89.

It will also be mandatory to take into account the list of works and works in accordance with the appendix of the said Decree.

**Article 95:** However, these edifices and buildings shall be equipped with dustbins used for the collection of refuse produced by offices and dwellings.

This garbage will then be transported to the side of the road to be picked up by the Roads Agents.

**Article 96:** The discharge of residual water into the gutters designed for the use of runoff water, in accordance with article 30 of the Environmental Code, is strictly prohibited.

**Article 97:** Any breach of the provisions of Articles 95 and 96 of this Law shall be punished by imprisonment of 6 months to 1 year and a fine of 50,000 to 1,000,000 Guinean francs or one of these two penalties only without prejudice to the application of the provisions of the Environmental Code.

## **SECTION 2: DEVELOPMENT PROJECTS**

**Article 98:** Prior consultation of the Ministries in charge of Industry, Public Health, Environment and Public Works is mandatory for the development of any development project. In which case, technical advice will necessarily be required before any execution of the engineering works. An official authorization will then be issued before the works.

**Article 99:** The final decision in terms of development is the responsibility of the Interministerial Committee for Health and Social Action.

**Article 100:** The decision taken must necessarily include a feasibility study mentioning the harmful effects of the project on the health of the populations concerned and the same effects on the balance of the natural environment.

**Article 101:** Any violation of the provisions of Articles 98, 99 and 100 of this Law shall lead to the demolition of these developed works and the perpetrator shall be punished by a fine of 300,000 to 1,000,000 Guinean francs and imprisonment for 3 months to 1 year or one of these two penalties only without prejudice to the application of the provisions of the Penal Code.

**Article 102 :** By development under the provisions of articles 98, 99 and 100 of this Law, we mean the infrastructural works, likely to cause harm to the environment and the utilitarian activities that can generate waste likely to affect health. public.

## **SECTION 3: SOLID, LIQUID AND INDUSTRIAL WASTE**

**Article 103:** In accordance with the standards prescribed by the Environmental Code, the Road Services of each locality will determine the conditions for the collection and disposal of solid, liquid and industrial waste.

**Article 104:** The individuals of each locality provided for in article 103 will comply with the conditions and procedures set by the Roads Departments as to the frequency of collections for the disposal of liquid and solid waste.



The Ministries responsible for Public Health and the Environment determine by regulatory means the standards relating to the disposal of this waste, either by incineration or by burial.

**Article 105:** It is compulsory to set up in each locality one or more landfills intended for the collection of solid waste.

These landfills, located in appropriately chosen places taking into account the geology, will be maintained by the Road Services.

These landfills must be managed according to the technical standards for the disposal of waste and the protection of the natural environment from nuisances likely to be detrimental to public health and the environment.

**Article 106:** All industrial establishments must obligatorily declare the nature of the waste resulting from the operation of their industries and consider with the Road Services the conditions for their elimination.

#### **SECTION 4: NOISE**

**Article 107:** Nuisances resulting from noise are detrimental to public health. Appropriate technical standards will be obligatorily applied for the elimination of noise.

These standards must be observed both in residential premises, in workplaces and in the arteries of localities.

Regulatory provisions will be taken as necessary to determine the conditions for eliminating noise in workshops, residential and commercial premises.

#### **SECTION 5: RADIOACTIVE SUBSTANCES, TOXIC AND NUCLEAIRES**

**Article 108:** The handling of radioactive and toxic substances may involve risks detrimental to public health.

Thus, the transport, storage and burial of said substances require certain technical precautions which will be fixed by regulation by having recourse to specifications.

**Article 109:** The risks and benefits of ionizing radiation on the diagnostic and therapeutic levels require regulations aimed at formally determining the use of the nuclear business process.

**Article 110:** When it is established that radioactive substances or any source of ionizing radiation are likely to endanger public health, the Ministry in charge of Public Health, in collaboration with the Ministries concerned, could take preventive measures intended to eliminate all risk of contamination.

**Article 111:** Will be punished by a fine of 20,000,000 to 100,000,000 Guinean francs and imprisonment for 5 to 20 years or one of these two penalties only without prejudice to the application of the Code of Environment, anyone who has handled, deposited, stored and buried radioactive, toxic and nuclear substances in the natural environment.

#### **CHAPTER IV: MORGUES, MORTUARY OPERATIONS AND CIMETIERES**

**Article 112:** Any cemetery development project necessarily requires the prior authorization of the Ministry responsible for Public Health, which will examine whether the request made complies with the requirements concerning the distance between the cemetery and the residential areas and the sources of water supply, the conditions of burial, exhumation, transportation and embalming of the human body.

**Article 113:** Any cremation of bodies cannot take place without the authorization of the Registrar.

The incineration conditions will be set by the Ministry responsible for public health.

#### **SECTION 1: HOSPITAL MORGUES**

**Article 114:** A hospital morgue must be created in each Hospital, after prior notice from the Ministries responsible for Public Health, the Interior, and Equipment.

**Article 115:** the body of a deceased person will only be admitted to a morgue subject to resolutive conditions, in this case a Death Certificate or upon requisition by the Police.

**Article 116:** Admission to a hospital morgue takes place within 24 hours after death, in accordance with the provisions of Article 115 of this Law.

However, it will be subject, where applicable, to the declaration of the surname, first names, age, sex, profession and domicile of the deceased.

## **SECTION 2: BURIAL**

**Article 117:** On the territory of a locality where there is a civil status authority, the burial in the local cemetery of a deceased person is authorized by the competent administrative personality, as the case may be after having completed the usual procedure in accordance with to the law.

**Article 118:** Any burial outside a cemetery is strictly prohibited except with the express authorization of the Ministry in charge of Public Health determining the place of burial, which must necessarily be located at a minimum distance of 500 meters from the nearest dwelling.

This authorization is individual.

**Article 119:** Whatever the place of burial, the competent administrative authorities will be responsible for the proper execution of funeral operations in the territory of their localities.

**Article 120:** The burial permit provided for by the texts in force takes the place of authorization to transfer the body from the place of death to that of the burial which takes place outside the locality where the death occurred.

**Article 121:** By way of derogation from the provisions of the previous article, in the event of death occurring in a place open to the public, the deceased will be transferred immediately, upon simple requisition by the Police, either to their home, or to the nearest approved public repository according to the case, provided that this domicile or depository is located at the limit of the locality in question.

**Article 122:** Apart from the case referred to in Article 125, the transfer of mortal remains from the Republic of Guinea abroad could only be done after having been placed in a suitable coffin beforehand.

**Article 123:** Any transfer of bodies in public transport vehicles, in particular coaches, buses, taxis, ambulances or vehicles intended for the transport of foodstuffs, is strictly prohibited.

Special vehicles will be set up for this purpose so as to hide the body from public view.

**Article 124:** Any transfer of a body in transit or to a locality for burial outside the limits of the locality where the death occurred may be authorised:

- By the competent administrative personalities when the death and burial take place in localities other than those of the Prefecture;
- By administrative personalities at the place of death with the prior agreement of the administrative authority of the place of burial, depending on the circumstances when the death and the burial take place in different localities.

**Article 125:** In the event of a transfer of the body abroad, the competent authority of the country of reinstatement and subject to compliance with the Regulations set by the International Convention of Berlin of February 10, 1937 to which the Republic of Guinea subscribed.

**Article 126:** The body transfer request files will be filed with the competent administrative authorities.

Requests will be made by the closest relatives of the deceased and must include the surname and first names of the deceased and be accompanied by the following documents:

- A burial permit issued by the competent administrative authorities;
- A medical certificate attesting to the cause of death resulting if possible from one of the following diseases: cholera, anthrax, leprosy, plague, yellow fever, cerebrospinal meningitis, typho-paratyphoid infection, dysentery, trypanosomiasis;
- A coffining certificate in accordance with the conventional stipulations, the commitment to bear the costs that will entail the transfer of the burial of the body.

**Article 127:** Any transfer of a human body outside the territorial limits of a country where the death occurred to another subject to the following requirements subject to the application of articles 124, 125, 126 above:

1. The body must be placed in an airtight coffin equipped with a device filtering:
  - a) - If the distance to be traveled exceeds 200 km regardless of the planned duration transfer;
  - b) - If the date of the transfer is estimated at more than 24 hours regardless of the distance to be covered;

- c) - If the death is consecutive to one of the diseases listed in article 126 paragraph 2;
- d) - If the transfer is made by air, rail or sea, regardless of the distance and duration of the journey;
- e) - In all cases, the decision of the Ministry responsible for Health ;
- f) - If it concerns the transfer of mortal remains from a body buried even for more than 5 years, unless it concerns remains reduced to the state of bones; thus therefore the hermetic coffin may, by decision of the competent administrative authority, after reasoned opinion of the Doctor, not be required; g) - If the body is embalmed under the conditions provided for by the

Regulations in force, the hermetic coffin will not be compulsory if the distance is less than 300 km and the duration of the transport estimated at less than 24 hours;

2. In all other cases, the body will be placed in a hardwood coffin or any other similar device offering at least equivalent resistance, lined with a waterproof seal of a model accepted by the Ministry responsible for Public Health. .

Whatever model is accepted, the hermetic coffin will be adjusted, so as not to be able to move, in a hardwood coffin or any other material having at least equivalent resistance, the walls of which must have a maximum of 0.020 m.

It will be equipped with a filtering device accepted by the Ministry of Public Health, capable of ensuring the reduction of putrefaction gases as well as purification.

**Article 128:** The competent administrative authority will monitor the hygiene and health measures set out in article 127.

**Article 129:** Any human body arriving in a locality in accordance with article 127 buried, must be presented to the administrative authority of the locality.

These check the seals of the coffin, making sure that the body is accompanied by the regular authorization to circulate and this one attends his burial.

It then draws up the report of these operations and sends it to the competent hierarchical authority.

### **SECTION 3: EXHUMATION**

**Article 130:** Any exhumation of a human body must necessarily result from one of the following two conditions:

- From the Public Prosecutor: When it comes to the manifestation of truth ;
- A close relative of the deceased: In the latter case, the applicant must necessarily indicate the reasons, the intended destination for the remains to be exhumed with mention of the place and date of re-interment. It is then that the signature will be legalized after the justification of the request made.

**Article 131:** Any exhumation of a deceased person as a result of one of the illnesses listed in article 126 can only be authorized after a period of three years, despite the usual precautions observed during the burial.

This period will be reduced when the person has died as a result of one of the following illnesses: Whooping cough, diphtheria, measles, puerperal infections.

**Article 132:** If it appears that at the time of the exhumation, the coffin is in perfect condition, it could only be opened if a period of five years has elapsed after the burial.

But if the coffin is damaged, the body will then be placed in another coffin, if necessary, in a bone box.

Before any usual handling, the coffins extracted from the pit will be abundantly sprinkled with a disinfectant liquid, in particular, the solution of lime hypochlorite or bleach.

**Article 133:** The persons in charge of carrying out the exhumation operations must wear special gloves which will then be disinfected as well as their shoes. They will undergo an antiseptic cleaning of the palms of the hands and the unprotected parts of the body.

**Article 134:** In order to ensure the good practice of exhumation, the presence of a Judicial Police Officer in charge of recording the exhumation operations is mandatory.

#### **SECTION 4: EMBALMING AND THANATOPRAXY**

**Article 135:** Any operation aimed at the preservation of bodies by direct action on the tissues, by subcutaneous or intramuscular injection, by arterial or venous infusion as well as by inventions of an anatomical nature could not be carried out less than 6 hours following the death only with the authorization of the competent authority.

You will need to produce the following documents:

1. A request from a family member or a beneficiary or successor in title;
2. A declaration specifying the process which it is proposed to employ as well as the place and time of the operation;
3. A Certificate issued by the attending Physician indicating that the death is occurrence of a natural cause and authorizing embalming.

In the event of a suspicious death or death occurring as a result of an accident, the file to be produced will be subject to an express declaration from the competent judicial authority certifying that the operation is not likely to hinder the manifestation of the truth.

**Article 136:** Only solid or fluid products whose composition is accepted by the Ministry in charge of Public Health will be used to carry out the operations provided for in Article 135.

**Article 137:** Given the high technological level of the operations, these will only be performed by a Doctor or a member of the Association of Thanatopraxy officially approved or any duly authorized person.

Only Doctors and graduates in embalming are authorized to issue documents or Certificates relating to these operations.

The operation will be accompanied by a Doctor's Certificate establishing that the signs of decomposition make the operation necessary with the expiry of the 6 hours, the competent administrative authority could then authorize the operation without waiting for the expiry of the prescribed period.

However, the Ministry in charge of Public Health may authorize, after consulting the Chief Medical Officer, that for scientific or therapeutic purposes, the autopsy or the samples, in the absence of the agreement of the family, may be carried out without delay.

On this subject, the death will be the subject of a statement by two sworn doctors to ensure the validity of the death. They will sign the report of the attestation of death, mentioning the time and date of occurrence.

Consequently, the Chief Medical Officer draws up a report listing the reasons for and the circumstances of the operation and notification will be made to the family of the deceased.

## **SECTION 5: AUTOPSY AND CASTING**

**Article 138:** Any request for casting or autopsy of a corpse may come from the judicial authority in agreement with the competent authority of the place where the death occurred.

The authorization in question will only be requested after a period of six hours following the declaration of the death to the competent authority. In addition, this request will be accompanied by a Certificate from the Medical Examiner attesting that the signs of decomposition make the operation necessary before the expiry of the regulatory period.

**Article 139:** The body of a person who died in a hospital establishment and which has not been claimed during the period of forty-five days may be made available to the Faculty of Medicine or a dissection laboratory provided that the death results from a natural cause and not from one of the diseases listed in Article 126 of this Law.

The depository body is responsible for ensuring its conservation or burial.

## **SECTION 6**

**Article 140:** Funeral directors and embalming undertake funeral duties as follows:

- Ensure the transport of the bodies from one point to another, from a locality with the exception of ordinary transits without ceremony or burial at a place in the considered locality;
- Sell shrouds, coffins and crowns;
- Supply and install any dyeing or decoration of a funerary nature in places open to the public or along public roads;
- Ensure the services and supply of hygiene, toilet care and the preservation of bodies in accordance with the standards of this Law and the customs of the Republic of Guinea.

**Article 141:** The funeral and embalming service will be provided by local authorities responsible for organizing such activities or granting the concession to an individual.

The services provided for in Article 136 may generate taxes, the amount of which will be subject to a regulatory decision by the competent authority.

The material provided by the localities must be constituted to meet the needs of the Communities.



**Article 142:** In the localities where the Service provided for in article 136 is left to private initiative, the competent administrative authority is authorized to enact the rules of hygiene governing mortuary operations as well as to enforce the prescriptions set out in this Law in funeral matters.

## **SECTION 7: CEMETERY AND BURIAL SITES**

**Article 143:** Any project for the development of a cemetery necessarily requires the authorization of the Ministry in charge of Public Health, which will determine, in collaboration with the other competent Ministerial Departments, the distance between the cemetery and the dwellings, between the cemetery and the sources of water supply, burial conditions, rules governing exhumation, transportation of bodies and embalming.

**Article 144:** However, when localities have a drinking water supply, the distance between the cemetery and the dwellings may, exceptionally, be reduced or eliminated by regulation.

Otherwise, the distance between the cemetery and the dwellings on the one hand, between the cemetery and the water sources on the other hand, will be at least 500 meters.

**Article 145:** When a cemetery no longer meets the criteria defined for receiving burials, the competent administrative authority may then proceed with the definitive closure of the latter. Once it has become a sacred place of worship, the competent administrative authority will provide for its upkeep and its development.

As such, the cemetery must be protected by a fence thus preventing the wandering of domestic and wild animals in accordance with the rules of public domain.

Thus, water from water points (wells, springs, rivers) located less than 100 meters from this fence will be strictly prohibited for consumption.

**Article 146:** Burial in the cemetery of a locality is obligatory for:

- Persons who died or whose bodies were found on the territory regardless of their domicile;
- Persons domiciled in the territory even though they would have died in another locality;
- Persons not domiciled in the locality but having the right to a family or ritual burial.

**Article 147:** Burials in free land will take place either in individual graves or in trenches, the bodies being, in the latter case, placed side by side and at a distance of 20 cm from each other.

Whatever the type of pits used, they must be established in such a way that the filling height between the body and the ground surface is equal to at least 1.5 m.

**Article 148:** At the risk of causing their renewal more or less close together, with the exception of an exhumation for the purposes of final reburial in a burial other than the first in accordance with the Law, the opening of the graves intended for new burials shall not occur only after at least 5 years of previous burials.

The administrative authority of a locality could then increase this period taking into account the specific nature of the land of each cemetery.

Indeed, the land allocated to burials, will constitute at least as many times as necessary, with a view to burying the presumed annual number of dead, taking due account of the renewal period set by law in force.

**Article 149:** In the event that the space on the ground allows it, the localities intended for the burial of persons wishing to have a distinct and separate place to found there their graves and those of their parents or any other person, a decision of the competent administrative authority could fix the methods of acquisition of such a burial.

**Article 150:** To this end, the land intended for burials will be granted against payment: the prices of the said land will be fixed by an overall range determined in a regulatory act.

**Article 151:** Each person may indiscriminately place on the grave of a close relative a burial stone or any other characteristic sign provided that these demonstrative stelae do not in any way prejudice the surface area of the land granted or not intended for each of the graves.

**Article 152:** In the event of the creation of concessions intended to establish family burials therein, no beneficiary of the concessionaire can avail himself of renewal made by him to claim full and entire enjoyment of the rights inherent in the concession.

**Article 153:** Any decision by the competent administrative authority having as its object the suppression of the rights previously granted to a person or

a family will be the subject of a publication by way of poster or individual notification.

Indeed, these acts of publication will be obligatorily registered on the register of the locality where the decision was taken.

**Article 154:** A decision taken by the local administrative authority could permanently assign a suitably arranged ossuary to a cemetery where the people whose plots have been taken over would be reburied free of charge.

**Article 155:** Cemetery land cannot be the subject of a commercial transaction.

**Article 156:** Offenses committed in violation of the provisions of Chapter IV of this Law shall be punished by a fine of 200,000 to 1,000,000 Guinean francs and imprisonment for 6 months to 5 years, or one of these two penalties only without prejudice to the application of the provisions of the Penal Code and other regulations in force.

## **CHAPTER V: PREVENTION AND FIGHT AGAINST COMMUNICABLE DISEASES**

**Article 157:** The list of communicable diseases likely to constitute a danger to the health of the populations of the Republic of Guinea is drawn up by the Ministry in charge of Public Health and fixed by regulation.

This list is renewable when circumstances so require.

**Article 158:** Any Doctor who has noted the existence of a transmissible disease that can spread rapidly is obligated to immediately notify the higher authorities on which he reports, under penalty of disciplinary or criminal sanctions.

As such, any Doctor of Guinean or foreign nationality practicing within the framework of the cooperation who would be aware of the appearance of a transmissible disease, must exclusively and confidentially inform the direct hierarchical authorities.

Under no circumstances may he transmit this information outside the administrative structure where he performs his duties.

In this regard, any delay or negligence observed in the transmission of the information received is subject to disciplinary or criminal sanctions provided for in paragraph 1 of this article.

**Article 159:** Any person suffering from a transmissible disease likely to spread, will imperatively receive hospital or outpatient treatment. However, contact subjects will be subject to medical and health checks in accordance with the law.

However, an emergency action plan will be drawn up for the purpose of combating epidemics. To this end, the Ministry responsible for public health will submit the populations of any locality affected to the appropriate preventive measures.

Vaccination and revaccination against communicable diseases that the Ministry of Health will have specified will be compulsory.

## **SECTION 1: HYGIENE CONDITIONS**

**Article 160:** In accordance with the measures fixed within the framework of the environment, measures for the disposal of garbage and excreta will be taken by the administrative authority of the locality.

**Article 161:** The Services in charge of hygiene and environmental protection shall monitor and control the quality of water used for drinking and domestic and industrial purposes, of the ambient air, as well as the foodstuffs throughout the territory of the Republic of Guinea.

## **SECTION 2: CASES OF EPIDEMICS**

**Article 162:** Only the Ministry in charge of Public Health is authorized to make the declaration relating to the existence of an epidemic and to prescribe quarantine measures in accordance with the provisions of articles 21 and 22 of the constitution of the World Organization Health (WHO).

Under these conditions, exceptional measures will be taken:

- Restriction of the movement of people and goods;
- Closure of public and private places;
- Prohibition of the sale of foodstuffs and drinks;
- Destruction of soiled objects liable to contagion.

**Article 163:** The Services responsible for communicable diseases shall take all necessary control measures to prevent the spread of the disease from one locality to another.

**Article 164:** Any violation of the provisions of Articles 158 to 163 of this Law shall be punished by a fine of 50,000 to 1,000,000 Guinean francs and imprisonment for 6 months to 5 years or one of these two penalties only without prejudice to the application of the provisions of the Penal Code and the Environmental Code.

## **CHAPTER VI: HEALTH CONTROL OF BORDERS**

**Article 165:** The purpose of border health control is to prevent, in accordance with the provisions of this Law, the introduction into the Republic of Guinea or the spread abroad of diseases by means of air, river, sea or land transport, people, animals, infected or presumed infected goods, likely to transmit the contagion.

**Article 166:** The routine sanitary control at the borders will be carried out at places determined by the Ministry in charge of Public Health.

These checkpoints fall under the exclusive jurisdiction of this Department.

**Article 167:** The Doctors and the sworn agents of the health control services at the borders will draw up a report of the facts or diseases observed likely to lead to contagion, and will immediately inform the health authorities of the country.

**Article 168:** Doctors and sworn agents of the health control services at the borders must submit to an examination, persons and means of transport coming from an area infected by a transmissible disease, and take, if necessary, all necessary measures to prevent its spread and ensure the destruction of contaminated substances and objects. It goes without saying that such measures do not give rise to any compensation.

**Article 169:** Any breach of the provisions of Articles 165 to 168 shall be punished by a fine of 50,000 to 1,000,000 Guinean francs and imprisonment for 6 months to 2 years or one of these two penalties only without prejudice. the application of the provisions of the Penal Code and the contractual provisions subscribed to by the Republic of Guinea.



**Article 176:** The Ministry in charge of Public Health guarantees the promotion and preservation of oral care, will take curative and preventive measures through programs developed in this area in the interest of the population according to the priorities that it will have fixed.

## **CHAPTER IX: MATERNAL AND CHILD HEALTH**

**Article 177:** The concept of Maternal and Child Health (SMI) is closely linked to health care, the prevention and treatment of illnesses as well as the rehabilitation care provided to mothers and children.

**Article 178:** In this regard, maternal and child health care aims to reduce maternal and perinatal mortality and morbidity and to promote reproductive hygiene as well as the physical and psychosocial development of the child and child. teenager in the family.

**Article 179:** Maternal and child health is closely linked to the general health of society and directly influenced by socio-economic conditions. As such, its improvement requires the establishment of a multi - sectoral program.

**Article 180:** All health care benefits in terms of health Kindergarten and Child will be provided in accordance with the following guidelines:

- Development of national and local strategies intended to provide each population group with an MCH module corresponding to its wishes;
- Flexible and rational use of human, material and financial resources contributing to the improvement of MCH care coverage within the framework of primary health care as well as recourse to the active participation of the Company;
- Intersectoral approach linking health activities in favor of mother and child with related activities carried out in other sectors, at all levels from the family group to the planning level;
- Reorientation of all other socio-health activities for the benefit of integrated health care emphasizing the specific needs of mothers and children.

**Article 181:** All pregnant women shall undergo medical examinations required by their condition in a health facility of their choice.

Consequently, the local health authorities will put in place appropriate means to proceed with the education of the future mother.

Indeed, any woman occupying a salaried job or working in the Public Service, will be subject to the Statute of the Public Service, to the Labor Code with regard to the fixing of the duration and the period of maternity leave.

**Article 182:** Family planning is a priority. Thus, the services offered in this area will allow everyone to exercise their right to decide freely, responsibly and in an informed manner on the number and spacing of their children without the slightest attack on their dignity.

**Article 183:** In accordance with the provisions of the Penal Code, the sole purpose of therapeutic abortion is to save the life of the seriously threatened woman.

It will be authorized by a College of Specialist Doctors, which will record its decision in a report justifying the reasons for it.

**Article 184:** Medical surveillance, prevention, vaccination, health education and care provided to children from birth to the age of 6 years will be determined by a Decision of the Ministry in charge of Public Health.

**Article 185:** The feeding of young children will be the subject of special supervision at the expense of the local health authority, which will draw up a health education program for the mother.

**Article 186:** The Ministry in charge of Public Health will determine the obligatory vaccinations and will set the schedule.

**Article 187:** All newborns must benefit from exclusive breastfeeding from birth to at least 6 months.

In this regard, the use of baby bottles and breastmilk substitutes will be subject to a decision by the Ministry of Public Health.

It is strictly forbidden to advertise breast milk substitutes through the media and to use promotional posters throughout the national territory.

It is required to scrupulously respect the provisions of the International Code on the Marketing of Breastmilk Substitutes approved by the World Health Assembly in 1981.



The child's growth and psychomotor development will be monitored in the Maternal and Child Health Centers (SMI) and all events occurring from birth to the age of 3 will be rigorously recorded in the child's file. child.

Any vaccination against infectious childhood diseases remains compulsory in accordance with the regulations in force.

At each infant consultation, mention will be made of the outline of the child's weight curve up to the age of 5 years in the presence of the parents.

**Article 188:** It is compulsory to establish the surveillance of children at risk, in particular children with sickle cell disease, premature babies, malnourished children, children from diabetic, AIDS, syphilitic, serious cardiopathic or cancerous mothers, through periodic consultations.

**Article 189:** Only health documents issued by the Health Services are valid throughout the territory.

As for establishments with an educational mission, they must necessarily have a pediatrician or an authorized doctor and a psychologist.

**Article 190:** It is compulsory to appoint competent staff in charge of crèches, day nurseries, kindergartens and to provide them with adequate working equipment.

**Article 191:** Local products will be necessary for the manufacture of food for young children. Mothers should be familiarized with their best use.

**Article 192:** The practice of hygiene must be carried out by all the educational establishments of the country and the appropriate means must be released for this purpose.

## **SECTION 2: PROTECTION OF THE HEALTH OF CHILDREN AGED SCHOOL AND TEENS**

**Article 193:** The local health authorities responsible for organizing the protection of children of school age shall comply with the programmatic methods drawn up by the Ministry responsible for Public Health.

They will have to draw up a program for the medical surveillance of pupils and students according to the methods defined by the Ministry in charge of Public Health.

Health facilities should provide children and adolescents with appropriate means of prevention, immunization and medical surveillance.

**Article 194:** The health monitoring program for adolescents is the responsibility of the Ministries in charge of Public Health, National Education, Youth and will be implemented in each establishment.

**Article 195:** An annual medical examination will be systematically organized in all primary and secondary establishments for each child to whom a Certificate will be issued which he will present to his parents:

- The teaching of sex education, family life education, notions of nutrition and hygiene will be provided; - Health education will be oriented towards making children and adolescents aware of the harmful effects of tobacco, alcohol and drugs.

### **SECTION 3: PRENUPTIAL VISITS AND EXAMINATIONS**

**ARTICLE 196:** Before the marriage, laboratory examinations and a systematic visit of the future spouses must be compulsory.

The Registrar must require the documents attesting to them.

**Article 197: Premarital** visits and examinations are intended for those who intend to found a home.

**Article 198:** The prenuptial visits and examinations are made within one month before the marriage and their validity does not exceed three months from the date of issue of the Certificate attesting to them.

**Article 199:** The prenuptial visits and examinations relate to the search for anomalies or diseases that could compromise procreation. These include in particular:

- Certain malformations, whether congenital or not, which make mating impossible; - Sexually transmitted diseases including AIDS; - Incompatibility of blood groups.

**Article 200:** Certificates are issued by the competent Health Services of the Ministry in charge of Public Health and will allow future spouses to know their state of health.

## **CHAPTER X: OCCUPATIONAL MEDICINE**

**Article 201:** In accordance with the provisions of the Labor Code of the Republic of Guinea relating to the protection of the health of workers, preventive measures must be taken to protect the health of workers in companies, industries, agriculture and in all sectors of professional and craft activities.

**Article 203:** The Ministry in charge of Public Health, acting jointly with the Ministry in charge of Labor, will determine the necessary hygiene and safety standards applicable in establishments, with a view to ensuring the protection of the health of workers against the dangers and nuisances that may result from liquid, solid and gaseous waste.

### **Section 1: Systematic medical visits**

**Article 204:** Adequate health measures will be set out in order to ensure the protection of health at work in companies and sectors of economic activity, among self-employed workers, in the informal sector and among craftsmen.

These measures will be materialized by periodic, spontaneous pre-recruitment medical visits, resumption of work after a long absence of workers, provision of essential medicines, competent medical personnel and medico-surgical equipment, general hygiene measures , work safety.

**Article 205 :** All health services installed or to be installed in a company, an industry, an informal sector can only be authorized to operate by virtue of a Decision of the Ministry in charge of Public Health after consulting the the General Inspectorate of Public Health.

A periodic control will be carried out by the General Inspectorate of Public Health in all the Health Services having obtained authorization for operation.

A report will then be drawn up on the occasion of each inspection mission for the Minister responsible for Public Health.

**Article 206:** In accordance with the provisions of Title III of Book II of the Labor Code of the Republic of Guinea, all health measures concerning companies, industries, informal sectors will fall under the exclusive competence of the Ministry in charge of Health. Public who, by taking all decisions of a medico-sanitary nature, could seek the opinions of the sectors concerned.

## **Section 2: Sanitation and hygiene of workplaces**

**Article 207:** Industrial establishments will be grouped into different categories according to the nature of the risks that they may incur for the Company and the environment.

Under these conditions, the Ministry in charge of Public Health, in concert with the Departments concerned, will ensure that all appropriate technical measures are taken, intended to authorize the operation of such establishments or their outright closure.

In the event that an establishment offering all the guarantees of convenience and healthiness is listed, a Certificate of Conformity will then be issued to it accordingly.

**Article 208:** Any violation of the provisions of Article 207 of this Law shall be punished by a fine of 500,000 to 2,000,000 Guinean francs and imprisonment for 1 to 5 years or one of these penalties only without prejudice to the application of the provisions of the Environmental Code.

## **CHAPTER XL: MENTAL HEALTH**

**Article 209:** The Ministry in charge of Public Health will enact measures to ensure:

- Preventive Services in the field of Mental Health to the various stages of a citizen's growth from birth to old age;
- Necessary protection and appropriate treatment in the event of alienation mental illness and epilepsy.

The other ministerial departments also contribute to the achievement of the objectives listed above.

**Article 210 :** The prevention of mental illnesses is a priority, in that it is based on knowledge of the factors affecting mental health, the various causes resulting from behavioral changes and appropriate prevention methods.

From this point of view, the Ministry in charge of Public Health, in coordination with the departments concerned, will encourage and support:

- The development of educational, socio-cultural and recreational activities contributing to the strengthening of mental health for children and adolescents;
- The implementation of prevention programs and the use of psychotropic substances, various narcotics and other substances that can cause mental disorders.

**Article 211 :** Measures aimed at ensuring the placement of people with mental illnesses in establishments designed for this purpose will necessarily and obligatorily obey the principles of social ethics as well as the scientific and legal conditions that will be determined by the Ministry in charge of Public Health. .

**Article 212:** The Ministry in charge of Public Health will establish, in concert with the judicial, administrative, etc. ; of the Republic of Guinea of the technical standards applicable to the system of dispensing care intended for the mentally ill incarcerated or detained in establishments which are not specialized in mental health.

**Article 213 :** Admission to a psychiatric establishment of a person presumed to be mentally ill can only be done on a voluntary basis in accordance with the regulations in force.

**Article 214:** Any person suffering from mental disorders who constitutes a threat or a danger for himself or for others will be hospitalized automatically even if the consent of his family or his legal representative has not been required.

**Article 215:** Any request for voluntary placement shall be established:

- By the patient himself;
- By his family or his duly authorized representative, when he is a minor or incapable;
- By any person designated to exercise the functions of curator or guardian of the patient.

**Article 216: Discharge** following hospitalization can only take place on the instruction of a Doctor and at the patient's request.

Under these conditions, the Director of the Hospital must be convinced that he will be able to live outside the hospital without serious risk for himself and for others.

**Article 217:** The decision for compulsory hospitalization on an administrative or judicial basis is taken on a duly substantiated request when the danger deemed imminent is incurred as a result of the illness by the patient himself or for others.

**Article 218:** No one can take the decision of compulsory hospitalization of an ascending or descending relative, a spouse, a collateral brother or sister, an uncle, an aunt or their respective spouses. .

However, compulsory hospitalization may at any time, at the request of the doctor of the psychiatric hospital, be transformed into voluntary internment. In addition, the discharge of a person hospitalized on an administrative basis could only be authorized by a decision of the Director of the Hospital following a request from the patient's parents or legal representatives when the latter assume responsibility for his behavior at home.

**Article 219:** Exit following hospitalization on a judicial basis could only be authorized by the court that ordered the hospitalization.

However, in each establishment where a Service for compulsory psychiatric examination, observation, voluntary confinement and compulsory hospitalization will be created, a register will be opened in which all the necessary information must be recorded.

**Article 220:** Children and adolescents under the age of 16 may be subject to compulsory psychiatric examination.

They will not be subject to voluntary internment or compulsory hospitalization.

As for the elderly whose weakening of the mental faculties constitutes the essence of the disease, they will not be subjected to a psychiatric examination of office nor to a voluntary examination, nor to the hospitalization of office.

In all cases, the files of the mentally ill will be confidential except for the information sought by the judicial authorities.

**Article 221:** Only the Director of the Hospital is authorized to issue a Certificate of Stay for mentally ill patients mentioning the nature of their illnesses and all other questions related to their hospitalization.

However, only the patient, his legal representative and the judicial authority can take cognizance of the said Certificate.

All decisions provided for in this Chapter may be subject to appeal before the Courts or before the competent health authorities, in this case the Medical Examiner or any sworn specialist.

## **CHAPTER XII: CARE FOR THE ELDERLY AND THE HANDICAPES**

**Article 222:** The Ministry in charge of Public Health takes care of the promotion of the elderly by developing a system of services, disease prevention, treatment and functional maintenance allowing the elderly to have access to outpatient care and hospital facilities designed to protect their health, adapted to their age as well as to their mental and physical state.

**Article 223:** Is considered as disabled, any natural person whose possibilities of educational, professional or social reintegration are deficient, congenital or not of a permanent nature, affecting his physical, mental or sensory capacities.

**Article 224:** The prevention of disabilities constitutes a right and an obligation of society as a whole in that it is an integral part of one of the priority obligations of the Republic of Guinea in the area of public health and social protection.

**Article 225:** The system of care, rehabilitation and socio-professional reintegration is fixed by related texts of the ministerial departments obeying the common law in terms of health and social protection.

As for the elderly, their medical care regime will be fixed by a regulatory act.

**Article 226:** Traditional Guinean medicine is the set of technical knowledge of preparation and use of substances, measures and practices in use, explicable or not at the current state of science, resulting from the socio-cultural and religious foundations of Guinean communities. , which are based on lived experiences and traditions transmitted to posterity, orally or in writing and which serve to diagnose, prevent or eliminate an imbalance of physical, mental, social or spiritual well-being.

**Article 227:** the practice of traditional medicine is legally authorized. This exercise is recognized for any natural or legal person, as

individually or in association, under the conditions set by the provisions in force.

**Article 228:** A traditional health practitioner is any person recognized as competent by the community in which they live to diagnose, practice care or activities according to techniques and methods referring to socio-cultural foundations and contributing to health and physical well-being, mental, social and spiritual of the members of the said locality.

**Article 229:** The term traditional health practitioner within the meaning of this Law applies in particular to the following professional categories:

- Traditional therapist;
- Traditional birth attendants; •  
Medico-druggists.

A traditional therapist is one who is recognized by his locality as competent to diagnose and dispense health care based on the concepts of illness and disability prevailing in said locality.

A traditional midwife is a person recognized as competent to provide a woman and a newborn, before, during and after childbirth, with health care based on concepts prevailing in her locality.

A medical druggist is someone who has knowledge of the uses and sells medical substances, other than plants, of animal or mineral origin.

**Article 230:** The practice of Traditional Medicine extends to acts of consultation, diagnosis and care using exclusively traditional methods.

#### **CHAPTER XIV. EMERGENCY AID**

**Article 231:** In order to alleviate the medical and health problems posed or that may arise from natural disasters and disasters of human origin, an Emergency Management Service is created attached to the Department in charge of Prevention.

This Service should collaborate closely and effectively with all sectors of the Ministry responsible for Public Health in the process of emergency management.

He will have to undertake studies and develop a program with the following objectives:



- Plan, organize and develop emergency relief throughout the Territory of the Republic of Guinea in coordination with all the other services concerned;
- Ensure the collection, transport and evacuation to health facilities of victims of the disaster or of all persons whose condition requires urgent care essential to their survival;
- Provide the persons referred to above with the first aid necessary for their condition;
- Define teaching methods in terms of prevention and research.

**Article 232:** Measures must be taken to provide all hospitals throughout the territory of the Republic of Guinea with equipment likely to contribute to the proper management of emergencies.

The optimal operational capacity of the hospital will be reinforced with equipment and other resources aimed at providing intensive care.

**Article 233 :** Regional coordination measures should be developed to ensure intensive care and intermediate care, while health centers, dispensaries and private clinics will be responsible for light and outpatient treatment.

**Article 234 :** The emergency planning study must necessarily take into account certain contingent factors such as the scope, gravity, extension and possibly the dimension of the problems that must require effective and efficient management of a specific situation.

**Article 235:** An intersectoral study of emergency management must include elements of close coordination with the epidemiological studies of the medico-sanitary activities of the Republic of Guinea, in particular the evaluation, planning and forecast data in terms of emergency situations. including epidemics.

**Article 236:** The emergency situation is likely to affect several organizational sectors in terms of relief.

The Inter-Ministerial Committee for Health and Social Consultation will be able to develop a harmonious and standardized mechanism, the objective of which will be to equip the medical and health team in addition to the emergency sectors with the technical equipment essential to the dispensing of care.

## **BOOK THREE: ETHICS FOR HEALTH RESEARCH**

### **CHAPTER 1: GENERAL PROVISIONS**

#### **Section 1: Principles**

**Article 237:** Any research involving human subjects must be carried out in accordance with the essential principles of ethics:

- The principle of respect for the person;
- The principle of beneficence in its two aspects: avoiding harm and promoting good;
- The principle of Justice;
- The principle of research quality.

**Article 238:** The principle of respect for the person implies:

- That autonomous people, that is to say capable of choosing their own objectives, be treated with the respect due to their capacity for self-determination;
- That dependent or vulnerable people, that is to say whose autonomy is impaired or diminished are protected from abuse or harm.

**Article 239:** The principle of beneficence implies:

- The assessment of the expected benefits and possible risks of the research;
- The obligation to maximize possible benefits while minimizing the possibilities of harm or;
- The preservation of the subjects studied from all avoidable harm related to the subject.

**Article 240:** The principle of justice implies:

- Non-discrimination against individuals or groups;
- The non-exploitation in particular of vulnerable people.

**Article 241:** The principle of research quality implies:

- The qualification of the researcher;

- The scientific validity of the project;
- A detailed protocol comprising: the prerequisites justifying the move to the research on humans, the objective of the research, the methodology, the target population, the constraints and possible risks for the subjects studied, the terms of their consent, the terms of data analysis, the terms of publication of the results, follow-up of people when they leave the trial.

## **Section 2: Consent**

**Article 242:** As a general rule, any health research involving the participation of human beings as subjects is subject to their consent. Consent must be informed, free and materialized by a document.

**Article 243:** Consent is said to be informed when the consenting person understands the purpose and nature of the survey, the obligations implied by his participation in it as well as the risks and benefits that may result therefrom.

To do this, the researcher has an obligation to honestly inform the subject, to ensure that he has understood correctly and to answer questions.

**Article 244:** Consent is said to be free when the subject is in possession of all his mental faculties and is under no pressure or coercion.

Moreover, he must know that he is free to abstain or reconsider his decision.

**Article 245:** The consent is materialized by a document which summarizes the objectives of the study and which it implies for the subject. If he agrees, the subject signs this document in front of a witness independent of the researcher.

**Article 246:** Exceptions to the rule of consent are admissible in the event that:

- The research is done on files or on biological samples and that it is unable to locate subjects;
- There is a risk of distorting the objectives of certain surveys by example when the chosen subjects are likely to modify their behavior which one proposes to study.
- In both cases, the agreement of the National Ethics Committee for Health Research is essential.

### **Section 3: Protection of particularly vulnerable persons**

**Article 247:** By particularly vulnerable person, we mean a person who, because of his situation or his mental state, cannot give entirely free or informed consent.

This is particularly the case for:

- Minor children;
- Prisoners ;
- The mentally ill and retarded;
- People whose condition requires emergency care or resuscitation;
- Pregnant or breastfeeding women due to their condition are considered as being among the particularly vulnerable.

**Article 248:** Research on particularly vulnerable persons requires protective measures and their consent, if possible, must obey specific rules.

**Article 249:** The personal consent of the child must be requested when his age enables him to understand the objective of the research, the risks and disadvantages linked to this research as well as what is expected of his participation.

In all cases, the consent of the child must be supplemented by the informed consent of the parent or legal guardian.

In case of disagreement between the will of the parents and that of the child, it is the refusal that prevails.

**Article 250:** The child and his parents may only be offered research on childhood illnesses or pathologies to which children are particularly vulnerable, and on condition that the same research cannot be carried out on other adults.

**Article 251:** The informed consent of the pregnant woman or nursing mother is, in all cases, required.

They can only be offered research aimed at:

- Improve the health of the mother without harm to the fetus or infant;
- Increase fetal viability;
- Promote the healthy development of the infant or the mother's ability to feed it.

**Article 252:** Any research promoting the termination of pregnancy as provided for in Article 269 of the Penal Code is prohibited.

**Article 253:** No participation in biomedical research may be offered to persons detained in prison or deprived of all their freedom.

**Article 254:** In the case where a sick subject is placed under the responsibility of the judicial authority, the agreement of the latter is required in addition to the informed consent of the subject.

**Article 255:** As far as possible, the patient must be informed of the research for which his participation is envisaged and his consent must be sought.

**Article 256:** The mentally deficient person must be informed of the research for which his participation is envisaged. The refusal of the mentally retarded must always be respected.

In addition, the informed consent of the parent or guardian is required. The mental patient's refusal must always be respected.

**Article 257:** One can only propose to undertake on sick or mentally deficient research concerning the pathology from which they are affected and which cannot be conducted on healthy subjects.

**Article 258:** In emergency situations, when the person is not in a condition to give informed consent for research, the consent of a relative is sought.

#### **Section 4: Non-nuisance**

**Article 259:** The researcher is responsible for the safety of the people undergoing research.

In particular, it must foresee the risks to which they are exposed and protect them from these risks.

**Article 260:** The assessment of a risk includes an assessment of its probability and its seriousness.

**Article 261:** The risks incurred as a result of the research may be non-minor risks. Particularly vulnerable persons may only be exposed in the context of research to minor risks.

**Article 262:** A risk is said to be minor if, because of its probability or its low severity, it is of a level comparable to the daily risks incurred by the persons concerned.

**Article 263:** Risks slightly higher than minor risks are not admissible in the context of research except for persons capable of giving completely free and informed consent.

**Article 264:** Any harm related to the research must be compensated.

**Article 265:** Under no circumstances does the consent of the subjects relieve the promoter and the research investigator of their responsibilities.

**Article 266:** The promoter is the person or institution commissioning the research. The promoter is responsible for accidents related to the application of the protocol.

**Article 267:** The investigator is the person conducting the research. He is liable in the event of an accident due to a fault he has personally committed.

## **CHAPTER II: PROVISIONS APPLICABLE TO RESEARCH EPIDEMIOLOGICAL**

**Article 268:** Epidemiological research means surveys or intervention trials carried out on populations with the aim of acquiring knowledge of the factors that influence their state of health.

### **Section 2: Undue pressure and encouragement to participate**

**Article 269:** It is forbidden for any person to exercise coercion on a subject to induce him to participate in an epidemiological investigation.

**Article 270:** The researcher must not remain anonymous; he is required to identify himself to the subjects invited to participate in the survey.

**Article 271:** It is up to the researcher to ensure that the individual taking part in a survey is not subject to undue influence.

**Article 272:** Individual or collective benefits may be granted in compensation for the community's participation in research.

These advantages are negotiated with the community representative and in no case can they constitute a source of personal enrichment for the representative.

In case of violation of this requirement, article 339 of the Penal Code applies.

**Article 273:** The individual or collective agreement must be independent of the advantages that the individual or the community can derive from the research.

**Article 274:** Reimbursement of expenses incurred such as travel, accommodation, food as well as compensation for damages are not considered to be advantages as stipulated in article 272.

### **Section 3: Respect for social values and customs**

**Section 275;** The researcher is required, before carrying out any epidemiological investigation on a community or a group of individuals, to collect all useful information on their composition and way of life and to respect their rights, their beliefs and their habits.

**Article 276:** Surveys can contribute to changing certain habits or certain behaviors so as to modify attitudes in favor of health. Ethically, without wanting to impose a benefit that the community did not seek, such investigations should be considered acceptable and without prejudice. However, the researcher should not overestimate their benefits.

**Article 277:** Any foreign researcher conducting surveys in Guinea is required to comply with the ethical standards of his own country as well as those of Guinea and to respect the cultural values of the communities being the subject of these surveys.

Similarly, the Guinean researcher called upon to conduct surveys outside the country must respect Guinean ethical standards while respecting the cultural values of the host country.

### **Section 4: Dissemination of information and confidentiality of results**

**Article 278:** It is strictly forbidden to disclose identifying information related to epidemiological investigations. A

information is said to be identifying if it makes it possible to identify the person or persons who have been the subject of these surveys.

**Article 279:** The communities, groups and individuals having taken part in an investigation must be properly informed of the results of these investigations. The information should take into account the level of education and understanding of the communities concerned.

However, if the knowledge of these results could have adverse consequences for this community, their disclosure is not required.

**Article 280:** If the results of the investigation can improve community health, the researcher is required to inform the competent health authorities.

**Article 281:** When, during an investigation, the researcher discovers that a subject is suffering from a disease or a pathological state and that he cannot inform the subject, he is required to make the subject understand that this absence of information does not mean that he is free from the disease or medical condition. The researcher must notify /p. 57/ the subject of the means of obtaining a personal diagnosis with a view to adequate treatment.

**Article 282:** When it is not possible to individually advise the subjects investigated of the need to receive care, the researcher must nevertheless communicate to the community the appropriate advice on the health care to be applied.

**Article 283:** The researcher is under an obligation to publish information of general interest resulting from his investigations even if this is contrary to the opinion of the public services or any other body.

**Article 284:** The researcher must not publish research results with the aim of drawing conclusions favorable to particular interests.

**Section 285;** The researcher must not present as accepted facts mere interpretations, suggestions, theories or hypotheses.

**Article 286:** When the researcher believes that the disclosure of sensitive information risks exposing a group to criticism or undesirable treatment, he must show restraint in communicating and interpreting his conclusions. Information is said to be sensitive when it risks leading to social discrimination for the person or group concerned.



**Article 287:** However, when the understanding of the results requires that the circumstances and places of the survey be known, the researcher must consider protective measures to avoid any harm or inconvenience to the group concerned.

**Article 288:** When an antagonism appears between, on the one hand, the obligation to cause no harm, and on the other hand, the fact of telling the truth and of publicly presenting scientific conclusions, the researcher must attenuate these disadvantages by interpreting data in a way that protects the interests of those at risk without compromising scientific integrity.

### **CHAPTER III: PROVISIONS APPLICABLE TO RESEARCH CLINICAL AND BIOLOGICAL**

**Article 289:** By Clinical and Biological Research, we mean research on human individuals with the aim of acquiring knowledge on the functioning of the organism and the treatment of diseases.

#### **Section 1: Clinical and biological research associated with medical care**

**Article 290:** When research is associated with medical care, the patient must be clearly informed of what relates to the treatment of his disease.

**Article 291:** Research associated with medical care must be carried out with respect for the dignity of the sick person.

**Article 292:** The association of biomedical research with medical care with a view to acquiring new medical knowledge can only be done if this research is justified by diagnostic and therapeutic utility relating to the disease from which the person is suffering.

**Article 293:** When a research protocol is applied to a hospitalized patient and the sponsor of the research is not the host institution, an agreement must be signed between this institution and the sponsor.

**Article 294:** When a hospitalized patient participates in research, this participation can give him a financial advantage on the cost of treatment or care.

#### **Section 2: Clinical and biological research not associated with medical care**

**Article 295 :** In any biomedical research not associated with medical care, the welfare of the subject must always prevail over the interests of science and society.

The researcher is required to protect the life and health of the subject during experiments undertaken for purely scientific purposes. The experiment must be stopped if its continuation proves to be dangerous for the subject.

**Article 296:** Biomedical research for non-therapeutic purposes can only be undertaken on volunteer subjects in good health, or exceptionally on volunteer patients suffering from a condition unrelated to the study, if it is ensured that their consent is entirely free and enlightened.

### **Section 3: Research in traditional medicine**

**Article 297:** Traditional health research is part of the Guinean cultural heritage. The cultural heritage must be protected as well as the national heritage (environment). It is unethical to let the secret of a recipe go to waste. Whoever knows a recipe must ensure that it is collected.

**Article 298:** When a researcher collects a traditional recipe, he must mention its source.

If the researcher derives a profit from the recipe, this profit must be shared with the person from whom the recipe was collected.

**Article 299:** When a medical researcher participates in preclassical or clinical research on traditional medicine, it is legitimate that he does not modify the recipes thereof unless he judges that the patient is in danger and that he has the means to intervene effectively within the framework of the modern health care system.

**Article 300:** The provisions which apply to clinical and biological research also apply to the evaluation of a traditional recipe by modern methods.

### **Section 4: Compensation for accidental damage**

**Article 301:** Any person subjected to biomedical research, who subsequently presents an injury as a result, is entitled to full compensation for any temporary or permanent incapacity.

In the event of death, the dependents are entitled to appropriate compensation.

**Article 302:** Under no circumstances may the researcher require the subjects of the experiment to renounce their right to compensation in the event of an accident or that they be required to prove that there has been negligence or incompetence on the part of the researcher.

#### **CHAPTER IV: ETHICAL REVIEW**

**Article 303:** Any health research project involving human subjects must be submitted before its execution to the appreciation of the National Ethics Committee for Health Research (CNERS), which decides in complete independence. Under no circumstances does the CNERS opinion relieve the sponsor or the investigator of their ethical and scientific responsibilities.

**Section 304;** The ethics review aims to:

- Ensure that the scientific value of the research project has been approved by the Advisory Committee as stipulated in article 241 of this Code;
- Verify that all proposed experiments and investigations have been pre-evaluated and deemed safe enough to be conducted on human subjects;
- Ensure that the procedures provided for in the provisions of this Book for subject consent are met (Chapter I, Section 2; Chapter II, Section 1);
- Ensure that any other ethical issues arising from the project have received satisfactory solution both in principle and in practice.

**Article 305:** When the research relates to an epidemic or a calamity, it is imperative that the CNERS be informed from the start of the work. The research protocol must be submitted to him within a period not exceeding thirty days.

Despite the urgency, the researcher is required to respect the rights of the subjects, namely their freedom, their private life and the confidentiality of the operations.

**Article 306:** Any research protocol must include the following elements:

- The identity of the research promoter;

- The identity of the investigator(s);
- A precise presentation of the research objectives and hypotheses as well as their justification with regard to the current state of knowledge;
- A precise presentation of the methodology and its adequacy to the objectives. This presentation must include, among other things, a precise description of all the interventions performed on the subject;
- The calculation of the number of subjects required for the study and the method of data analysis;
- The criteria chosen to decide on the end of the investigation;
- The criteria determining the inclusion or exclusion of individual subjects;
- The risks incurred by the subjects subjected to the research;
- The procedures for obtaining the consent of the subjects, indicating what are the means and documentation that it is proposed to use to obtain informed consent or when this is not possible, indicating the other means used to obtain authorization, as well as the means of protection of rights and safeguards comfort, subjects investigated.

The protocol must also:

- Include information to establish the safety of each proposed procedure and intervention and also of any drug, vaccine or device to be tested, based in particular on the results of relevant laboratory research and the animal;
- Provide proof that the researcher has the necessary qualifications or otherwise that he works under the supervision of a competent person;
- Provide proof that the researcher has the appropriate means allowing research to be carried out safely and efficiently;
- Describe the means proposed to protect life and preserve the confidentiality of identifying data during the investigation and when the results are published;

- Mention any ethical considerations that may be taken into account.

**Article 307:** The ethical review of a protocol that provides for the need for a control group or a group receiving a placebo must ensure:

- That the control group chosen in the case of the study of a morbid state likely to result in fatal outcome, incapacitation or other serious harm, will receive care consistent with current therapy and
- That if it turns out that the mode of treatment being tested is superior to that usually used, all members of the control group will benefit from it as soon as the trial ends.

Such investigations should have a back-up mechanism, and be terminated before the scheduled date if unacceptable toxicity of the test product is observed in the treated group.

**Article 308:** When the protocol provides for randomization (draw), the ethical review must ensure that this randomization is justified by the uncertainty that remains as to the difference in results between the two therapeutic strategies compared in the trial. .

All subjects must be informed both of the uncertainty that remains as to the difference in value between the two therapeutic strategies and of the fact that the objective of the trial is to determine which is the better therapeutic strategy.

**Article 309:** When the researcher is convinced that the research entails risks for the target individuals or groups, he is required to inform the CNERS as well as the subjects selected of the known groups and of the possibilities of preventing or mitigating these risks.

**Article 310:** The CNERS must give its opinion on any research project submitted to it within a maximum period not exceeding sixty days from the date of submission of the project.

**Article 311:** The researcher is required to submit his research project to CNERS at least ninety days before the date scheduled for the implementation of the project.

**Article 312:** When a member of the CNERS is directly concerned by a research project, his participation in the examination sessions of this project is prohibited.

**Article 313:** The researcher is required to inform the CNERS of any problems encountered during the course of the research.

The CNERS may at any time request the interruption of research when it becomes aware of the existence of new ethical problems or those which have escaped its prior assessment.

**Article 314:** The definitive rejection of a research project for reasons related to ethics can only take place insofar as the researcher has not succeeded in resolving the ethical problems reported to him by the committee.

**Article 315:** The CNERS may call on experts on specific points to assess the quality of the protocol from a scientific and ethical point of view.

Under no circumstances may the protocol be communicated to persons outside CNERS.

In any case, it is up to CNERS alone to make a decision.

**Article 316:** The members of the CNERS are bound by strict confidentiality on the content of the protocols and on their deliberations

## **CHAPTER V: MISCELLANEOUS PROVISIONS**

**Article 317:** Regulatory provisions will be taken as needed for the effective implementation of the various measures set by this Law.

**Article 318:** This Law shall be registered, published in the Official Gazette of the Republic and executed as State Law.

Conakry, June 19, 1997

- GENERAL LANSANA CONTE -

