

Following up the implementation of recommendations in the MEC report ‘**Vulnerability to Corruption in the Afghan Ministry of Public Health**’

Third Quarterly Monitoring Report April 2017

HIGHLIGHTS

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Third Quarterly Monitoring Report

April 2017

MEC published its analysis of corruption vulnerabilities in the Ministry of Public Health on June 4th, 2016, making 115 recommendations. The Minister, His Excellency Dr. Feroz, supported the analysis, and, in June 2016, established a Working Group comprised of MOPH senior managers and external health sector stakeholders. A smaller “*Coordinating Group*” was subsequently formed from among senior Managers within MOPH, led by Dr. Ahmad Jan Naeem, Deputy Minister of MOPH Policy & Planning.

This is MEC’s third follow-up report. The first follow up report concluded that after initial activities, progress in several areas had stalled. In contrast, during the second quarter MOPH was extremely active, with many interventions initiated. In the current reporting period the evidence shows that the momentum has been maintained, with progress and actions initiated in new areas, five of which are considered credible and substantial:

- Significant progress was again noted at the National Medical and Health product Regulatory Authority (NMHRA), which has replaced and superseded the General Directorate of Pharmacy. NMHRA has continued to pursue a multi-pronged approach to significantly reduce corruption, including an array of legal reforms, policy and technical changes, interventions on manufacturing and importation of drugs and medical products, aggressively expanding inspections, and systematically tackling internal complaints and customer service complaints.
- The MOPH has proposed new *Terms of Reference* for Health *Shuras* that will strengthen MOPH’s accountability to the community and BPHS and EPHS implementers on a facility by facility basis. MOPH has sought World Bank support for the expanded functioning of Health *Shuras* across 112 Districts.
- A third significant development has been in the advancement of formal accreditation systems for the health sector, supporting Recommendation 3, “*Establish an independent accrediting entity to rebuild reliability, thoroughness, and integrity within the health sector.*”
- A fourth significant area of momentum was noted around complaint handling processes, regarding Recommendations 13 and 19, with extensive efforts shown toward encouraging greater public confidence in the integrity, responsiveness, and accountability of MOPH.
- The fifth significant achievement was noted in the translation of all MOPH policies into local language(s), and their routine distribution throughout MOPH and BPHS and EPHS implementers, as described in MEC Recommendation 5.2.

Additionally

- The Minister, His Excellency Dr. Feroz, continued with his highly public stance condemning corruption, promoting transparency, encouraging good governance, and making clear his opposition to nepotism in the Ministry. Across several media outlets¹ and in wide-ranging comments at multiple events, he articulated his position and fulfilled Recommendation 10.2.1, *“Make a high profile, clear, and unambiguous statement about the need for transparency in Human Resource recruitment in the health sector.”* This Recommendation was noteworthy for its priority ratings from the MOPH Anti-Corruption Working Group: **Importance 4/5, Feasibility 1/5, Capacity 2/5, Impact 3/5, and Time 3/5.** Notably, Dr Feroz’s statements and communications about corruption were known to managers and staff across all parts of the Ministry in Kabul and among health sector staff and managers in each District where confirmation was sought.
 - It should be noted, however, that General Directorate of Public Relations has not sufficiently or methodically leveraged opportunities to draw the public’s attention to the MOPH’s anti-corruption achievements. Progress in fighting corruption within the Ministry need to be communicated more effectively for the public’s awareness to be raised and community attitudes to change.

Overall, progress has been good this quarter. There were significantly more Recommendations with progress than the previous monitoring periods. MOPH leadership has continued to implement actions and coordinate with MEC for better communications about the status of their activities.

Status of implementation of the recommendations

MEC reviewed the status of all 115 recommendations:

- 23 (20%) have been fully implemented. These cover 11 of 19 areas, compared to just 6 areas in the last Monitoring Period.

¹ Some examples: MoPH official Facebook account <https://www.facebook.com/official.moph/posts/1387301717981209>) with screenshots (<https://www.facebook.com/official.moph/>); Public statement: <http://www.pajhwok.com/en/node/423615>; National Health Policy [http://moph.gov.af/Content/Media/Documents/NationalHealthPolicy\(NHP\)2015-2020December2015endoursed8112016102924853553325325.pdf](http://moph.gov.af/Content/Media/Documents/NationalHealthPolicy(NHP)2015-2020December2015endoursed8112016102924853553325325.pdf)

- 80 (70%) have been partially implemented. These can be further broken down as follows:
 - 39 started or *study underway*
 - 18 achieved up to 25%
 - 23 achieved up to 50%
- 11 have not been started, either pending, or for future implementation. This category is now one third the size compared to the last monitoring period. MEC agrees, in all but a few of these cases, that there are good reasons for MOPH going slower on these activities. Actions have been initiated across several new areas, and some recommendations still correctly require specific precursors to be achieved (*establishment precedes expansion, etc.*)

Status of implementation according to the priority area: systemic issues, integrity issues and leadership issues

Three priority issues were identified in the original MOPH VCA Special Report, with key Recommendations suggested for their implementation.

Implementation to date:

100%	Up to 50%	Up to 25%	Work/Study started	No Activity	(Pending/Future)
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Priority Systemic Issues – From the original MOPH VCA Special Report

Action	Area of Focus	Status of Relevant Recommendations									
		2.7	2.11	1.2	10	12	6.1	8			
Integrate	Health Management Information System	2.7	2.11	1.2	10	12	6.1	8			
Establish	Independent Council on Health Sector Auditing and Reporting	1.1	6.2	7	12	13	14	17	18	8	9
Establish	Independent Commission for Accreditation of Healthcare Organizations	3	7	10	11	12	13	14	17	9	
Complete	Translations of all MOPH Policies into Dari and Pashto	5	6.1								
Integrate	Complaints Mechanisms	1.1	12	13	14	15					
Integrate	Training Needs Assessments and Allocation of Training Opportunities	10	11								
Establish	Development and Oversight of Key Performance Indicators	1.1	6.2	10	11	12	14	15	8	9	

Priority Leadership Issues – From the original MOPH VCA Special Report

Action	Recommendation Focus	Status of Relevant Recommendations									
		1.2	10	12	6.1						
Enforce	Controls Over Absenteeism	1.2	10	12	6.1						
Enforce	Controls to Prevent Nepotism and Promote Competency-Based Recruitment	10.1	16	10.2							

Expand	Health Shuras	12	13	14	15	18	9				
Convene	Commission on Health Sector Integrity	15									

Implementation:

100%	Up to 50%	Up to 25%	Work/Study started	No Activity	(Pending/Future)
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Priority Integrity Issues – From the original MOPH VCA Special Report

Action	Recommendation Focus	Status of Relevant Recommendations									
Enforce	Reliable Pharmacy Importation/Safe Drug Supply	2	17								
Establish	Liaison within the Attorney General's Office	15	16	17	19	4					
Enforce	Authenticity Checks of Certificates and Diplomas	10.1	16								
Enforce	Transparent Private Sector Referrals	1.2	6.2	12	18						
Enforce	Transparent and Effective Grants and Contracts Management Unit	3	7								
Enforce	Control of Assets (especially ambulances)	1.2	8								
Establish	Reliable Audits and Inspections	1.1	10	12	13	16	17	9			

Note: Not all of the 115 Recommendations appear in these tables since some were not applicable to the stated Priority Issues in the original MOPH VCA Special Report.

Significant achievements

1. Improvements in Pharmacy and Health Products. The National Medical and Health Product Regulatory Authority (NMHRA), which has replaced and superseded the General Directorate of Pharmacy, has continued to implement a large number of interventions on critical processes and systems:

- NMHRA has pursued an array of reforms ranging from analyses and technical clarifications about legal status, proposed expanding representation on NMHRA's National Board in line with MEC's Recommendations, clarified licensing and transparency concerns, addressed several safety issues, taken on a specific responsibility for public awareness, and focused on the prevention of collusion and conflicts of interest.
- NMHRA conducted an Inspection Checklist workshop attracting 250 participants and subsequently completed 506 systematic inspections, covering 350 retail pharmacies, 94 wholesalers, 98 importers, and 25 local manufacturers. The process has highlighted that NMHRA is enforcing legal consequences for failures, while also motivating stakeholders engaged in these systems and enterprises by increasing transparency of routine inspections.

- NMHRA hosted MOPH's first *Good Manufacturing Practices* workshop, based on the WHO's 17 standards, emphasising Quality Assurance in all aspects of manufacturing, and the Quality Control role and responsibilities of NMHRA's laboratories.
- NMHRA continues to systematically tackle both internal and customer service complaints through a 3-tiered system of escalations, focused on accountability at each higher level or authority.
- NMHRA has established a pathway for accreditation of pharmacies, local manufacturers, and wholesale pharmacies/importers. Accreditation is also achieved by scored checklists, and verifications are made on highest and lowest scores for maximum transparency in post-inspection monitoring.
- NMHRA finalized an MOU with an external independent auditing firm for sampling and registration of pharmaceutical suppliers.
- In consultation with the Ministry of Information and Culture, NMHRA will have a dedicated website to digitize and link the *Licensed Medicine List* with a *Pro Forma* registration system, providing online access to further reduce risks of corruption. The new website is expected to be launched after March 2017.
- NMHRA proposed development plans to the Ministry of Finance for expansion of Quality Control Laboratories to 4 additional Provinces to enable new post-market surveillance capacities outside Kabul.
- Regarding re-registration processes of pharmaceutical importation licenses, all the existing importers will now be re-evaluated and considered for re-registration based on specific criteria and standards. Of the 467 importers, 90 have already been dismissed. The remaining 377 are foreign manufacturing companies grouped in 3 categories, determined by volume.
- NMHRA hired three staff through Ministry of Finance budget to conduct partial market surveys. 171 public and private hospitals were surveyed for inventory and registration of medical equipment and devices; 6,052 machines and devices were found to have been illegally imported. This survey process will extend to diagnostic laboratories, pending approval of WHO and/or the World Bank resources and support.

2. The Ministry has cooperated with the Health Sector Resiliency (HSR) project in its analysis of the current status and strength of Health *Shuras*.

- The HSR study assessed Health *Shura* performance from the perspective of government stakeholders and community members, Provincial and District Health Officer responsiveness to Health *Shuras*, how the entities address community and civil society needs, mapped existing coordination mechanisms, and identified and assessed community information needs analysis.

- HSR recommended a significantly wider scope of engagement for Health *Shuras* within the Citizens' Charter structure, fulfilling several MEC Recommendations. These HSR recommendations have been incorporated into MOPH's proposed revisions to the *Terms of Reference* for Health *Shuras*.
- The HSR study indicated an uneven level of development and understanding of Health *Shuras* in the community. This included a generally low level practical engagement among District and Provincial Health Officers (though District Development Authorities were noted as key platforms for interaction between government officials and Health *Shuras*) with engagement between *Shuras* and DHOs/PHOs severely reduced by vacancies in DHO posts and negative community perception of health sector responsiveness.
- The HSR study also found that health facility staff and community health staff are the main functioning links with Health *Shuras* (rather than community representatives themselves), there is limited capacity to handle feedback and complaints methodically within Health *Shuras*, the MOPH's tiered approach to provision of health services has not been well understood in the community, and referral mechanisms remain a non-systematic process.
- The HSR study findings recommended specific improvements on accessible feedback and complaints systems, a focus on increasing the acceptance, visibility and effectiveness of Health *Shura* monitoring roles, and identifying the potential for synergies with the new Citizens' Charter. All of these were incorporated into the MOPH's proposed revisions to *Terms of Reference* for Health *Shuras*.
- These proposed role changes for Health *Shuras* are substantive and include monitoring multiple components of the health sector. The new *Terms of Reference* for Health *Shuras* will strengthen MOPH's accountability to the community and BPHS and EPHS implementers on a facility by facility basis, especially for women.

3. Accreditation Systems for the health sector are undergoing a substantive transformation. Dr. Abudul Qadir Qadir (General Director of Policy and Planning, and regular participant in Dr Naeem's *Coordinating Group*) continues to lead agenda-driven monthly Steering Committee meetings. The Steering Committee has focused on key elements of institutionalizing accreditation, including

- Governance structures to align these systems with the wider Government's actions and priorities, and in the context of regional developments on health system accreditation bodies regarding licensing functions,
- Effective representation from across key stakeholder institutions in the development of accreditation processes, including stakeholder Ministries from within the Government and external entities,
- Funding sources for both the initial establishment and sustainability of the Afghan Healthcare Accreditation Organization,
- Incorporating incentive structures to assure accreditation remains a reinforcing element for service quality and a core element of future health sector developments, and

- Funding mechanisms that engage MOPH leadership realistically with both discretionary and non-discretionary sources of finance for accreditation.

4. Complaints handling processes are being effectively institutionalized. The public engagement of the Health Complaints Office (HCO) has continued to grow; an expansion of the Health Complaints Commission has been approved with the new engagement of multiple external stakeholders, and MNHRA's complaints processes have extended outside of Kabul to Baghlan, Panjshir, Nangarhar, and Farah Provinces.

- The HCO have adopted standardized formats for management of complaints that are received through calls, in written form, and the official webpages for lodging complaints.
- The refinement of HCO's complaint-handling procedures by Dr Khalilullah Amen were supported by the SEHAT project and with funding and technical support from the World Bank.
- There are experienced full-time staff in place now in the HCO in Kabul, with additional recruitments expected during this monitoring period to enable expanded capacity.
- To date, the HCO has managed 628 formal complaints from the public received through all mechanisms.

The NMHRA complaints handling process continues to successfully implement its own 3-tier management structure. NMHRA has also articulated detailed plans to expand to Provinces outside Kabul; the Balkh Province team provided MEC with extensive documentary evidence of their work in managing complaints in the current monitoring period.

5. MOPH policies have been translated into local languages and distributed to BPHS and EPHS implementers through GCMU contracting channels. The General Directorates of Policy and Planning and Human Resources have undertaken systematic reviews of MOPH policies and taken steps to assure they are distributed as a matter of routine to all Directors, Managers, and staff inside the Ministry, and to new employees on taking their post.

6. The Community Based Monitoring System was implemented and the third party Functionality Index for health facilities, for external monitoring, remains operational. CBMS inspections were completed in five provinces: Badghis, Kunar, Helmand, Nuristan, and Badakhshan. Previous KIT and SRTRO recommendations to improve the verification rates of HMIS data have been adopted by the General Directorate of Evaluation and Health Information Systems, and current third party monitoring reports were inspected by MEC.

7. The MOPH anti-corruption Working Group continues to function effectively. The MOPH Working Group has maintained its work in actively supporting the analyses, implementation planning, and integration of anti-corruption interventions across the MOPH. Dr Ahmad Jan Naeem continued to provide technical direction to the *Coordinating Group* to improve the efficiency of communications between MEC

and MOPH Focal Points. Feedback and responses from Focal Points in this monitoring period was better managed by the Coordinating Group with only four Focal Points requiring additional contacts to provide MEC with evidence of progress and details on their initial responses.

Challenges and constraints

Defeating corruption in MOPH is a big task, the recommendations are difficult, and there are major challenges. Foremost amongst these are the anticipated issues of limited financing, limited capacity, low cooperation by some senior officials across the sector, and variable levels of commitment from senior officials.

Part way through the Third Monitoring Period of MOPH's implementation of MEC's recommendation, during March, Dr Feroz submitted a letter to MEC detailing many of these challenges including specific issues around resources, relevance, feasibility, and affordability related to the establishment of new oversight entities, as well as concerns about applicability, context, clarity, and workload. MEC does not assume any of these challenges are necessarily simple to solve, and commits to supporting finding solutions that are realistic, given that many of the MEC recommendations do also appear *verbatim* in the *MOPH Anti-Corruption Strategy* even as the form and functions of the proposed entities had not been finalised.

In response to Dr Feroz's assertion that MOPH would no longer pursue implementing (or reporting on) more than 50 MEC recommendations, MEC analyzed the MOPH alternative (existing) entities, the anticipated outcomes, and the likelihood that these outcomes could still be achieved by the existing entities. This compromise had been raised by MEC as a possible solution in the 2nd Monitoring Period.

MEC now formally proposes that nearly all of the MEC's original Recommendations can still be achieved through the MOPH's existing entities (the Strategic Health Coordination Committee, the Afghan Medical Council, the Afghan Healthcare Accreditation Organization, and the systems of the Complaints Handling Office and National Medicine and Health Product Regulatory Authority.)

MEC now acknowledges that existing MOPH entities are sufficient and capable of achieving the aims of the MEC Recommendations in order to accomplish these anti-corruption interventions. Almost all of MEC's Recommendations are incorporated (in one form or another) in the final version of the *MOPH Anti-Corruption Strategy*, and many have been partially achieved or achieved already. It is MEC's hope that a mutually acceptable and realistic position that encourages MOPH to successfully pursue its anti-corruption strategy while also building the public's trust and confidence in the health sector as a critical element of the quality of life for all Afghans.

Acceptance of the existing MOPH entities

Regarding the proposed three Commissions on integrity, accountability, and accrediting health organizations:

MOPH has made the case to consider that existing entities can address the MEC Recommendations without establishment of any new entities; recent modifications and proposals for modifications to TORs and *Action Plans* indicate that each of these are viable alternatives.

The alternative entities have been proposed by MOPH with particular attention paid to preventing conflicts of interest, assuring multi-stakeholder engagement, and modifications to TORs of the existing entities.

The acceptance of the existing MOPH-proposed alternatives will be reflected from the start of the 4th Monitoring Period:

MEC recommendations	MOPH-proposed alternatives	Compatibility?
Independent Council on Health Sector Auditing and Reporting (ICHSAR)	Afghan Medical Council (AMC) / Afghan Healthcare Accrediting Organization (AHAO)	Yes, based on revisions to the AMC and AHAO TORs
Independent Commission on Accrediting Healthcare Organizations (ICAO)	Afghan Healthcare Accrediting Organization (AHAO)	Yes, based on revisions to the AHAO TOR
High Council on Oversight of Health Sector Integrity (HCOHSI)	Strategic Health Coordination Committee (SHCC)	Yes, based on revisions to the SHCC TOR and inclusion of additional participants
And a fourth, Health Sector Ombudsman Office (HSOO) <Recommended as an Office <i>inside</i> ICHSAR>	Complaints Handling Office (CHO) / NMHRA's Customer Service & Complaints Teams	Yes, if the CHO and NMHRA systems are aligned and gaps in coverage and reporting processes resolved.

The sections below reflect current understanding and progress from MOPH, as well as MEC views on adoption of these changes, so that MOPH may continue to pursue the interventions articulated in the MOPH Anti-Corruption Strategy with MEC's explicit support and encouragement:

i) Independent Council on Health Sector Auditing and Reporting (ICHSAR)

MOPH Focal Points and members of the *Coordinating Group* offered that both the Afghan Healthcare Accreditation Organization and the Afghan Medical Council would cover relevant functions in place of MEC's recommended Independent Commission on Accrediting Healthcare Organizations. Based on existing TORs, there may be scope to assign AHAO accrediting responsibilities for non-MOPH health facilities and health related practices, with AMC focused on the internal accrediting

of MOPH in Kabul and the Provinces. Differentiation of internal MOPH and external roles in accreditation will be further explored in the upcoming Monitoring Period. Notably, MOPH's Internal Audit Directorate and the General Directorate of Procurement have quality accreditations from sources external to MOPH.

ii) Independent Commission on Accrediting Healthcare Organizations (ICAO)

GDP&P support, particularly from Dr Abdul Qadir Qadir, has helped the existing entity, the Afghan Healthcare Accreditation Organization, to make rapid progress. The AHAO has initiated changes so that accreditations are systematic and apply to health facilities and health related practices in the health sector. GDP&P, GDHR, GCMU, and CBHC have each affirmed support for the strengthening of accreditations through implementation of the AHAO systems.

iii) High Council on Oversight of Health Sector Integrity (HCOHSI)

The Strategic Health Coordinating Committee (SHCC) has been suggested by MOPH as the alternate entity. The current SHCC TOR emphasizes multi-stakeholder engagement, including with international stakeholders, and now also civil society, to support actions that will rebuild public and donor trust in the MOPH, improve health sector effectiveness, quality of care, transparency, and good governance. Several Focal Points expressed confidence that they can successfully access the SHCC for coordination and support to implement their assigned Recommendations (GDHR, GDP&P, GDEHIS, GCMU, CBHC.)

A fourth entity was also proposed by MEC: A Health Sector Ombudsman Office (HSOO). Subsequently, the Complaint Handling Office explained, *"The CHO comes under the umbrella of MOPH therefore it is not possible for the MOPH to establish an independent entity, such as the HSOO, recommended by MEC. If independence as an absolute requirement for this purpose, we request MEC to discuss with higher entities and we will be happy to provide help and support, as and when needed."* MEC recognizes that the CHO management team has a clearly articulated TOR, realistic action plans, and produces regular reports of their achievements.

Based on examination of the concerns raised by Dr Feroz, and the capacities of the existing entities in MOPH, in this 3rd Monitoring Period, MEC will formally adopt the change that MEC's Recommendations can be successfully implemented through these existing MOPH entities.

Unresolved issues

<Still clarifying what specific elements could be articulated here>

Trust can only be built slowly. There is an ongoing problem with securing the public's trust and building their confidence. Shifting the public's perceptions will come from both changes in their experience and in the information they get about what is happening and why. MEC encourages that messages about MOPH's trust-building and anti-corruption intervention achievements are shared as widely as and as soon as possible. MOPH General Directorate of Public Relations needs to more actively assert control of the messaging, internally and externally, to communicate changes and improvements so the public will be better informed.

During the 3rd Monitoring Period, MEC provided a detailed analysis of the opportunities for GDPR to support greater public awareness of achievements in the fight against corruption in the Ministry and the health sector. The work of examining and testing the analysis needs to continue, with actions to demonstrate that GDPR can deliver effective public messaging on anti-corruption steps within the Ministry.

Next MEC monitoring report

MEC will continue to monitor progress on anti-corruption in MOPH, and will produce its next report in July 2017.