Independent Joint Anti-Corruption Monitoring and Evaluation Committee

September 2017

Following up the implementation of recommendations in the MEC Special Report 'Vulnerability to Corruption in the Afghan Ministry of Public Health'

Fourth Quarterly Monitoring Report

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Kabul-Afghanistan

Fourth Quarterly Monitoring Report *September 2017*

MEC published its analysis of corruption vulnerabilities in the Ministry of Public Health on June 4, 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 fourth follow-up report. The first follow up report concluded that after initial activities, progress in several areas had stalled. In contrast, during the second and third quarters MoPH activity increased, with many interventions initiated.

In the current reporting period, covering April, May, and June of 2017, the evidence shows that development and implementation of anti-corruption policies continues, with a focus on promoting good governance and increasing transparency, and expanding opportunities to foster greater accountability.

- An MoPH *Conflicts of Interest* policy is now in the final stages of development by a joint working group composed of technical experts from within MoPH and including support from external stakeholders.
- The Complaint Handling Office (CHO) has continued to strengthen its operations, with new, permanent infrastructure under development to house its Call Center inside the Ministry, and CHO Focal Points are now identified in all 34 Provinces.
- Following the approved modifications to the *Terms of Reference* for Health *Shuras*, there will be new opportunities for community participation in monitoring and feedback of clinics, hospitals, ambulances, and referrals. MoPH is now developing plans for the expansion of new Health *Shuras* where these committees have been missing, and strengthening them where they were found to be less active or less effective.
- The MoPH development of a Community-Based Monitoring System (CBMS) for hard-to-reach areas of the country has continued. The CBMS has been fully implemented in Badghdis, Kunar, Helmand, Nuristan, and Badakhshan Provinces, with formal training to ensure standardization and uniformity of reporting.
- The MoPH National Medicine and Health Product Regulatory Authority (NMHRA) continues to improve its oversight of importers and pharmacies to reduce the public's exposure to fraudulent and expired medicines and other health products, especially through

increased pharmacy monitoring, expanded quality testing of medicines, and tighter control over imports.

Additional areas of activity at MoPH observed in this monitoring period:

Detection of Corruption Cases: A total of 84 cases of suspected corruption were verified as referred to the Attorney General's Office from the MoPH Internal Audit Department since the release of the MoPH Special Report by MEC, including 30 new suspected cases in the current monitoring period. This is nearly triple the number of cases referred to the AGO by the Internal Audit Department compared to the previous 12-month period. *MEC was unable to verify outcomes of these cases and this will be a focus of activity in the 5th monitoring period.*

Accreditation: The development process for the Afghan Healthcare Accreditation Organization has been progressing with a focus on ensuring that the system will be well aligned with similar accreditation authorities in the region, and best suits the conditions and resources of Afghanistan. The development of this formal accreditation system has continued with involvement from key stakeholders. The formal establishment of the accreditation entity meets the objectives of MEC Recommendation 3: "*Establish an accrediting entity to rebuild reliability, thoroughness, and integrity within the health sector."*

Pharmacy Council: A new governing body, the Pharmacy Council, was established to regulate and develop the technical professions in the field of Pharmacy. The Council is also dedicated specifically to the development of Pharmaceutical training capacity, including the enhancement of professional qualifications associated with the Pharmacy professions, as per MEC Recommendation 2.9.

Afghan Medical Council: A governing body for professional standards and conduct of physicians, to be known as the Afghanistan Medical Council, has now been developed. The draft of the new law to establish the Afghan Medical Council is currently under review at the Ministry of Justice. The Director of the Council was assigned by the Decree of H.E. President Ghani; the Council's first meeting is planned for July. This entity will have the scope to contribute to better governance of medical doctors working in the health sector, including educational requirements and qualifications, integrity, and ethical behavior. The Afghan Medical Council will have the authority to *"engage with the MoPH General Directorate of Human Resources in reviewing all tier 1 and tier 2 MoPH clinical management recruitments over a period of two years,"* per MEC Recommendation 10.1.5.

Overall, progress has been good this quarter. Compared to previous monitoring periods, there were more Recommendations with verified progress, especially in areas related to increasing accountability. MoPH leadership has continued to implement actions and coordinate with MEC for better communications about the status of their activities.

During this monitoring period, MEC conducted analyses to distinguish between routine *financial auditing* and *performance monitoring*, and opportunities to promote strategic communications to inform the public about progress on health sector anti-corruption achievements.

Acceptance of the existing MoPH entities and modification of MEC recommendations

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

MEC agrees that the original Recommendations can be achieved through MoPH's existing entities where the scope and participation were broadened: The Strategic Health Coordination Committee, the Afghan Medical Council, and the Afghan Healthcare Accreditation Organization.

The feedback and reporting systems of the Complaints Handling Office and National Medicine and Health Product Regulatory Authority have been verified as robust and are being implemented reliably. Modifications (and proposals for modifications) to the respective *Terms of References* for each of these entities indicate that they are viable alternatives to the new entities proposed in MEC's Recommendations one year ago.

Fifty-two of MEC's Recommendations have now been modified during this monitoring period to reflect the shift of implementation within the roles and responsibilities of these existing MoPH entities.

MEC will continue to monitor the extent and effectiveness of these entities in achieving the same stated outcomes from the original MEC MoPH Special Report.

Status of implementation of the recommendations

MEC reviewed the status of all 115* recommendations:

- 55 (49 percent) have been fully implemented.
- 55 (49 percent) have been partially implemented. These are broken as follows:
    - 26 started or *study underway*
    - 13 achieved up to 25 percent
    - 16 achieved up to 50 percent

Two Recommendations are either pending, or for future implementation. In the last monitoring period, 11 Recommendations were pending. In both of these remaining cases there are substantiated reasons for delay.

** The MEC monitoring team has recommended that three MEC Recommendations are dropped from monitoring: two had required independent funding solutions which are not within MoPH's power to enact, and one related to pharmaceutical licensing that has been addressed by new regulations. Percentages in this monitoring period have been calculated from 112 remaining Recommendations.*

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

Three priority issues were identified in the original MoPH 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)

Priority Systemic Issues – *From the original MoPH Special Report*

Action	Area of Focus	Status of Relevant Recommendations								
Integrate	Health Management Information System	2.7	2.11	1.2	10	12	6.1	8		
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 Special Report*

Action	Recommendation Focus	Status of Relevant Recommendations								
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								

Priority Integrity Issues – *From the original MoPH 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		

Implementation:

100%	Up to 50%	Up to 25%	Work/Study started	No Activity	(Pending/Future)

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 Special Report.

Significant achievements

1. Expanded Monitoring Role for Health *Shuras*: The Community Based Health Care Department and the Grants and Contracts Management Unit have put new focus on strengthening and expanding the monitoring role of Health *Shuras*. Following the approved modifications to the *Terms of Reference* for Health *Shuras*, there will be new opportunities for community participation in regular monitoring and feedback in the health sector:

- Monitoring of public patient referrals to private clinics and hospitals, including drawing the public's attention to examples of good practice and integrity in the management of referrals,
- Monitoring the use of ambulances and other health sector vehicles,
- Monitoring staff absenteeism in clinics and hospitals,
- Monitoring and managing conflicts of interest, and
- Monitoring complaints and community feedback, including drawing the public's attention to examples of good quality of care, integrity, and reliability in health sector.

MoPH is now developing plans for the systematic expansion of new Health *Shuras* in facilities where these committees have been missing. By funding and technical support from UNDP, the Health Protection Research Organization (HPRO) has finalized it evaluation of Health *Shuras*. The HPRO final report will be shared with the MoPH Community Based Health Care Department to prepare an action plan for CBHC to strengthen existing Health *Shuras* where they were found to be less active or less effective. CBHC plans include: Identifying more active Health *Shuras* who have considerable achievements to learn from their best practices, followed by exposure visits to support under-performing Health *Shuras*, working in close coordination with Provincial

Community Health Office staff to distinguish the stronger and more consistently active Health *Shuras*.

Community Based Health Care Department has specified that it will focus on the following areas for enhancing Health *Shuras*:

- Capacity building and refresher trainings on the revised Terms of Reference, including collation of monitoring reports and promoting expanded participation from all parts of the community
- Conducting orientation trainings for Health *Shuras*, according to the CBHC Guideline (*financial support will be required for this*)
- Strengthening Health *Shuras* as a subcommittee of Community Development Councils within the new Citizen Charter structures
- Cross-sector coordination to maximize opportunities for learning about community based monitoring practices and promoting participation by under-represented and marginalized groups
- Seeking additional sources of financial support for more monitoring visits; (*these are currently support exclusively by UNICEF*)

2. Improvements in Oversight of Pharmacy and Health Products: The National Medicine and Health Product Regulatory Authority (NMHRA) has continued to implement interventions to improve systems for managing the quality of medicines and health products:

- NMHRA completed 17 of the 24 MoPH competency-based recruitments, the highest proportion of successful CBR recruitments within the Ministry. These include three public awareness staff to support better community understanding of pharmaceutical quality, NMHRA Focal Points for the regions outside of Kabul, and 14 technical roles within the Regulatory Authority in Kabul.

- Expanded control over the number of importers through high level cooperation with pharmaceutical regulatory authorities in Pakistan, Iran, and India that currently supply nearly all of Afghanistan's medicines, valued at over USD 650 million per year: NMHRA's *Concept Note for Limitation of Importing Companies* was approved by the High Economic Council of the Cabinet. MEC verified that the Implementation Plan is now under their review. This will produce a more controlled system for managing the quality of products for sale in commercial pharmacies. Additional agreements are planned for Turkey and China's regulatory authorities.

- NMHRA has pursued technical changes to the National Pharmaceutical Law to prevent and uncover conflicts of interest. These legal changes are now under review at the Ministry of Justice.

- NMHRA completed a standardized self-assessment process with the World Health Organization's tool on regulatory systems for medicines. The process emphasizes objective measures of quality for pharmaceutical procurements.

- The MOU for NMHRA's external independent auditing of pharmaceutical import sampling by the Central Drugs Standard Control Organization is currently under review at the National Procurement Authority.

- Following approval from the Ministry of Information and Communication Technology, NMHRA's plans for a dedicated website to digitize and link the *Licensed Medicine List* with a *Pro Forma* registration system will now provide online access to these processes, further reducing risks of corruption. The new website will launch in August 2017.

- His Excellency CEO Dr Abdullah Abdullah formally opened NMHRA's Quality Control Laboratory in Kabul. An NMHRA proposal for four additional Quality Control Laboratories, outside Kabul, has been approved; these are now under procurement. These Quality Control Labs will enable new post-market surveillance of pharmaceuticals.

3. MoPH *Conflicts of Interest* policy: This is now in the final stages of development by a joint working group composed of technical experts from within MoPH and including support from external stakeholders.

4. The Complaint Handling Office: The CHO has continued to strengthen its operations, with new, permanent infrastructure currently under development at MoPH headquarters to house its expanded Call Center. CHO Focal Points have now been identified in all 34 Provinces. *The CHO and MoPH Department of Public Relations have agreed to coordinate strategic messaging in the community to raise the profile of CHO activities, highlight successful resolution of complaint cases, and encourage the public's engagement in providing feedback on health services delivery.*

5. Detection of Corruption Cases: A total of 84 cases of suspected corruption were verified as referred to the Attorney General's Office from the MoPH Internal Audit Department since the release of the MoPH Special Report by MEC, including 30 new cases in the current monitoring period. This is nearly triple the number of suspected cases referred to the AGO by the Internal Audit Department compared to the previous 12-month period.

6. Accreditation: The development process for the Afghan Healthcare Accreditation Organization has been progressing with a focus on ensuring that the system will be well aligned with similar accreditation authorities in the region, and best suits the conditions and resources of Afghanistan. MEC has verified that planning for this accreditation system will consider sustainability and how

to incorporate incentive structures so that accreditation remains a reinforcing element for service quality and a core element of future health sector developments. The development of this formal accreditation system has continued with involvement from key stakeholders. The formal establishment of the accreditation entity meets the objectives of MEC Recommendation 3: "*Establish an accrediting entity to rebuild reliability, thoroughness, and integrity within the health sector."*

7. Pharmacy Council: A new governing body, the Pharmacy Council, was established by the Directorate of Pharmacy Services to regulate and develop the technical professions in the field of Pharmacy. The Pharmacy Council is also dedicated specifically to the development of Pharmaceutical training capacity, including the enhancement of professional qualifications associated with the Pharmacy professions, as per MEC Recommendation 2.9.

8. Afghan Medical Council: A proposed governing body for professional standards and conduct of physicians, to be known as the Afghanistan Medical Council, has now been developed. The draft of the new law to establish the Afghan Medical Council is currently under review at the Ministry of Justice. The Director of the Council was assigned by the Decree of H.E. President Ghani; the Council's first meeting is planned for July. This entity will have the scope to contribute to better governance of medical doctors working in the health sector, including educational requirements and qualifications, integrity, and ethical behavior. The Afghan Medical Council will have the authority to *"engage with the MoPH General Directorate of Human Resources in reviewing all tier 1 and tier 2 MoPH clinical management recruitments over a period of two years,"* per MEC Recommendation 10.1.5.

9. Patient Transport: *An area where MEC has not detected any improvement during this period is the monitoring, management, and accountability of ambulance services, especially in rural communities, where transportation options are most limited and vulnerability heightened at times of injury or critical illness.*

Challenges and constraints

Defeating corruption in the health sector is an ongoing task. Implementation of the *MoPH Anti-Corruption Strategy and Action Plan*, like MEC's Recommendations, will be difficult, and there are major challenges. Limited financing, limited capacity, and variable levels of cooperation by some senior officials in the Ministry and among BPHS and EPHS contract implementers, are all complicating constraints to successful implementation.

Monitoring and Oversight: During the fourth monitoring period, MEC conducted an analysis of monitoring and oversight responsibilities within the Ministry. The goal of this was to address the confusion of the challenges and constraints of the anti-corruption efforts by distinguishing between routine *financial auditing* and oversight-related *performance monitoring*. The analysis showed that many of the original MEC Recommendations had been assigned to the Internal Audit Department

of MoPH. The Ministry initially identified Focal Points, and the Internal Audit Department (IAD) received the largest proportion of assignments, despite limits on their departmental resources and the practical scope of their work in examining and investigating finance and accountancy issues.

As a result of this analysis, the fifth monitoring period will see a significant shift to more suitable assignments for the oversight-related performance monitoring tasks. IAD will retain the responsibility for finance- and accounting-related monitoring. MEC anticipates that this will better support IAD in overcoming the constraints faced during the first four quarters of MEC's monitoring – and that the newly assigned tasks within the Ministry will be better situated with appropriate Focal Points capable of handling the challenges of routine performance monitoring.

Public Relations and Public Affairs: A significant element of the anti-corruption effort is related to keeping the public and the wider group of health sector stakeholders "in the picture" about the accomplishments and achievements. Very few of the tasks are simple. But in many cases, the process of demonstrating that changes have taken place is actually one of simply getting the message out so that the information is heard, read, or seen.

In a context where every Afghan can point to examples of corruption and disappointment, there is an ongoing problem with securing the public's trust and building their confidence about achievements in anti-corruption activities. 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. For this reason, MEC has repeatedly emphasized opportunities to promote strategic communications that will better inform the public about progress on health sector anti-corruption achievements. The original MEC MoPH Special Report identified more than 15 of these opportunities in its Recommendations.

In the fourth monitoring period, MEC undertook a new and detailed analysis of potential ways the Directorate of Public Relations (DPR) can actively engage in this kind of messaging, internally and externally, to communicate changes and improvements so the public will be better informed. These touch on each of the 19 areas covered by the original 115 MEC Recommendations.

During the fifth monitoring period, the DPR will focus on these opportunities to support greater public awareness of achievements in the fight against corruption in the Ministry and the health sector. DPR has accepted this challenge and affirms that it will work on comprehensive public messaging on anti-corruption steps being taken within the Ministry.

The approach defined by the Department includes:

- *Critical examination of realistic and feasible options for effective messaging about anti-corruption achievements in the health sector*
- *Conduct a technical development workshop for DPR Focal Points from all 34 Provinces to build their capacity and understanding about these strategic communications tasks*

- *Continue to activate DPR's "Communication Strategy for Public Relations 2016–2020"*
- *Connect the MoPH DPR team with peers at other GOIRA Ministries for new ideas about tactics and effective approaches*
- *Connect the MoPH DPR team with colleagues at international organizations for technical support, advice, guidance, and possible resources*

Unresolved issues

Patient Transport: An area where MEC has not detected any improvement during this period is the monitoring, management, and accountability of ambulance services, especially in rural communities, where transportation options are most limited and vulnerability heightened at times of injury or critical illness.

→ *This will be an area of ongoing and increasing exploration during the second year of MEC's active monitoring of MoPH's implementation of the MEC Recommendations.*

Management of Referrals: MoPH Referral Guidelines have been developed and distributed throughout the health sector. The public now needs to see changes in the way this element of their health care is managed. Patients and their families are especially vulnerable at the times they need referral to another level of specialty, to another facility, or to another region.

→ *This will be an area of ongoing exploration during the second year of MEC's active monitoring of MoPH's implementation of the MEC Recommendations.*

Grants and Contracts Management Unit: Health sector implementation in Afghanistan is dominated by Afghan and international non-governmental organizations (NGOs), with fully 90 percent of all health services provided by these agencies on a contracted basis. Despite the National Procurement Authority's recognition of GCMU's good practices, and objective analysis by external parties, including from visiting international experts and the 2nd place prize from the South Asia Procurement Innovation Awards, there are serious concerns that have been raised which warrant further exploration. In particular, agencies involved in BPHS and EPHS contracting processes have made statements to MEC that concern transparency and ongoing risks of corruption in GCMU decision-making.

→ *This will be an area of ongoing exploration during the second year of MEC's active monitoring of MoPH's implementation of the MEC Recommendations.*

Next MEC monitoring report

MEC will continue to monitor progress on implementation of anti-corruption actions in MoPH, and will produce its next Quarterly Monitoring Report in October 2017.

MOPH PROGRESS

OVER THE LAST

In April 2016, as part of his intentions to promote an effective, efficient and responsible health sector that will benefit all the people of Afghanistan, the current Minister of Public Health H.E. Dr. Ferozuddin Feroz, requested the Independent Joint Anti-Corruption Monitoring and Evaluation Committee (MEC) to conduct an analysis of corruption vulnerabilities in the Ministry of Public Health (MoPH). MEC published the Special Report focused on MoPH on June 4, 2016, with the support of the Minister. In the same month, the Minister established a Working Group

comprised of MoPH senior managers and external health sector stakeholders to work on imple mentation of 115 MEC recommendations.

The MEC assessment team comprised of dedicated Afghans and international experts knowledgeable about both the Afghan health sector and anti-corruption undertook the assessment. This involved 269 in-depth interviews, visits to 13 provinces, eight focus group discussions, 23 direct observations, and a substantial document review. Former MoPH officials from all ranks, non-management employees and frontline staff, health sector implementers, civil society organizations, community leaders, patients and their families throughout the country participated in face-to-face interviews and focus group discussions.

MEC pursued updates on the status of all 115 MEC recommendations throughout the year through engagement with MoPH, other stakeholders and members of community.

MEC concluded in its First Quarterly Monitoring Report that after initial activity, progress in several areas had stalled. In contrast, during the second and the third quarterly Monitoring Reports MEC observed that the Ministry's level of activity had increased, with many interventions initiated. By the fourth quarter's Monitoring Report, evidence showed that development and implementation of anti-corruption policies continues, with a focus on promoting good governance and increasing transparency, and expanding opportunities to foster greater accountability.

Over these 12 months, 49 percent (55) of the 112 active MEC recommendations have been fully implemented by MoPH while 49 percent (55) others are partially implemented. On the remaining two percent recommendations, MEC has no seen any actions. MEC's monitoring team has recommended that three MEC recommendations be dropped from monitoring: two had required independent funding solutions which are not within MoPH's power to enact, and one was related to pharmaceutical licensing that has been addressed by new regulations.

The MoPH has recently developed its Anti-Corruption Strategy and Action Plan, which closely reflected MEC recommendations.

At the highest levels, MoPH leadership continue to demonstrate a commitment to achieving MEC's recommendations, though there are some in the management structure of MoPH with a combative or hostile view about action and progress.

Some of the major achievements during the past year are as follows:

1. A new *Terms of Reference* for Health *shuras*, which are wholly aligned with MEC recommendations, has been agreed. If fully implemented, this will lead to new opportunities for community participation in regular monitoring and feedback in the health sector, such as:

a. Monitoring of public patient referrals to private clinics and hospitals, including drawing the public's attention to examples of good practice and integrity in the management of referrals;
b. Monitoring the use of ambulances and other health sector vehicles;
c. Monitoring staff absenteeism in clinics and hospitals;
d. Monitoring and managing conflicts of interest; and
e. Monitoring complaints and community feedback, including drawing the public's attention to examples of good quality of care, integrity, and reliability in health sector.

2. The National Medicine and Health Product Regulatory Authority (NMHRA) has continued to implement interventions to improve systems for managing the quality of medicines and health products:
    a. NMHRA monitored over 500 pharmacies and importing companies, and cancelled licenses of at least 90 importing companies (from the total 467).
    b. Expanded control over the number of importers through high-level cooperation with pharmaceutical regulatory authorities in Pakistan, Iran, and India that currently supply nearly all of Afghanistan's medicines, valued at over USD 650 million per year. Additional agreements are also planned for Turkey and China's regulatory authorities.
    c. Following approval from the Ministry of Information and Communication Technology, NMHRA's plans for a dedicated website to digitize and link the Licensed Medicine List with a Pro Forma registration system will now provide online access to these processes, further reducing risks of corruption.
    d. His Excellency CEO Dr. Abdullah Abdullah formally opened NMHRA's Quality Control Laboratory in Kabul. An NMHRA proposal for four additional Quality Control Laboratories outside Kabul has been approved. These Quality Control Labs will enable new post-market surveillance of pharmaceuticals.
3. A total of 84 cases of suspected corruption were verified as referred to the Attorney General’s Office from the MoPH Internal Audit Department since the release of the MoPH Special Report by MEC.
4. MoPH, through its Complaint Handling Office, tackled a total of 120 cases during the course of one year.

The Independent Joint Anti-Corruption Monitoring and Evaluation Committee (MEC) independently monitors and evaluates national and international efforts to fight corruption in Afghanistan. It reports to the public, Parliament, President, and international community.

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