Independent Joint Anti-Corruption
Monitoring and Evaluation Committee

Sixth Quarterly Monitoring Report February 2018

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

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. The Working Group analyzed and scored all of MEC's original recommendations to establish MOPH priority actions. 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, to support more systematic communications between MEC and MOPH, and between MEC's MOPH monitoring team and the MOPH Focal Points for each MEC recommendation.

This is MEC's sixth follow-up report. In the current reporting period, covering MOPH implementation in October, November, and December 2017, progress has improved marginally compared to the previous period of monitoring. While in several specific areas there was evidence of progress in the sixth monitoring period, more than 40% recommendations are still only *"partially achieved."*

This quarter, MOPH implementation of the anti-corruption recommendations has picked-up, slightly, compared to the prior Quarter, with some specific and notable progress in transparency and accountability. MEC calls on the Minister and his colleagues to continue to review where blockages remain and to support an improved rate of progress in their implementation.

Areas of progress during the sixth monitoring period:

- **Human Resources:**
  Following on from risks to the integrity of the MOPH recruitment process, where employees had described their own success at using forged or fraudulent documents, MEC proposed systematic oversight of this step.

  In the current reporting period, MOPH systems have been verified to detect fraudulent certificates, Diplomas, and credentials from applicants. Evidence of specific cases detected from the current monitoring period, with a variety of types of attempted fraud, were individually presented to MEC. *The MEC Monitoring team notes that these are MOPH systems, and MEC will be exploring with GCMU how contract holders also vet and verify these types of documents to prevent fraud in their own hiring.*

  MOPH systems have been verified to enforce working times and punish absenteeism, including all new employee signatures on the MoLSAMD sanctioned *Code of Conduct*. During this monitoring period, the GDHR provided evidence it had detected and punished 72 MOPH employees for absenteeism during the previous Quarter. Resources will be required for

establishing reliable monitoring systems across BPHS/EPHS agencies. *The MEC monitoring team will further explore the reliability and integrity of enforcements in the system.*

- **Accreditation of healthcare organizations and providers:**
  In response to concerns about vulnerabilities arising from inadequately prepared management systems in the health sector, an independent or semi-independent accreditation system was proposed.

  During this monitoring period, the MOPH General Directorate of Policy and Planning finalized a regulatory framework for an Afghan Healthcare Accreditation Organization (AHAO), with input from donors and health stakeholders. The proposed accreditation framework, with a model based on regional entities, has now been sent to the President's office for approval. Initially the scope of AHAO will focus on public, private, and military hospitals, with eventual expansion to all NGO/INGO health contract facilities. The final proposed regulatory package to underpin AHAO's oversight was shared with MEC, along with estimated fiscal requirements, which still need to be sourced to initiate the new system, and to sustain it.

- **Conflicts of Interest / Management of Referrals:**
  Both conflicts of interest and management of referrals remain key issues associated with personal enrichment, health contracts oversight, quality controls – and public perception of the integrity of the Ministry.

  The MOPH *Conflicts of Interest Policy* was finalized as a 'Zero Draft' and will be shared widely with MOPH technical departments and its stakeholders for their comments and inputs in the upcoming monitoring period. Notably: In the 6th Quarter, GCMU reported it had detected a former employee working within a contracted implementing agency – and successfully had him dismissed on account of conflicts of interest. The Minister himself drew attention to this in his response to ACBAR members about concerns over transparency and conflicts of interest in the GCMU.

  The MOPH National Referrals Guidelines, including a Referral Checklist and referrals-focused Standard Operating Procedures were finalized, printed, and distributed among the management teams of 2° and 3° hospitals (both public and private facilities) in Kabul. The SOPs and Referral Checklist have been distributed to ensure On Duty staffs know the referrals procedure. *The MEC monitoring team will be following the implementation in the upcoming Quarter, as well as tracking lessons learned (and changes), and expansion of the Guidelines to areas outside of Kabul, and in cooperation with BPHS and EPHS implementers.*

- **Grants and Contracts Management Unit:**

  The GCMU and the Minister received a detailed accounting of concerns around transparency, integrity, and conflicts of interest from the Agency Coordinating Body for Afghan Reconstruction (ACBAR), on behalf of ACBAR members. Similar concerns with GCMU have been articulated by MEC, the WHO, and the Administrative Office of the President.

  The GCMU and Dr Feroz prepared a detailed response to transparency and integrity issues, and other topics raised in the ACBAR letter, and copied key stakeholders including MEC, the WHO, and the Administrative Office of the President. The MEC monitoring team has concluded that the substantive points from ACBAR's letter have been addressed, through acknowledgements and agreement from MOPH on some issues, to thorough explanations of GCMU, MOPH, and GoIRA stances (or established procedures) on the rest, including the extra-Ministerial issues related to the National Procurement Authority and National Procurement Committee. *The MEC monitoring team will be following the responses to the reply sent from GCMU and Dr Feroz, as well as with NPA and NPC.*

  Based on GCMU monitoring of BPHS/EPHS implementers, 126 Managers and staff faced disciplinary action in the 6th Quarter (ranging from formal written warnings, contract payment reductions, and contract cancellations.)

  GCMU also provided evidence of their routine inspections in 18 Provinces during 6th Quarter to examine BPHS/EPHS Guideline-driven referrals.

- **National Medicine and Health Product Regulatory Authority:**

  NMHRA Quality Assurance systems are now activated, with formal market surveys of pharmaceuticals and health products conducted in Kabul, Nangarhar, and Herat. These surveys will be expanded during 7th Quarter. *Some limitations noted about the market survey: 1. The surveys were conducted by NMHRA, 2. The survey was conducted in Kabul and the results may not be generalizable, 3. Due to unavailability of budget, third party laboratory testing of the samples collected during the survey could not be conducted.*

  Another market survey of pharmaceuticals and medical products was conducted independently during the monitoring period, with WHO support, in Kabul, Nangarhar and Heart. Data entry from these three provinces is in progress.

  An equipment inventory was completed by NMHRA for laboratory items that were apparently untaxed (and uninspected) on entry into the country. It was determined that many of the assets have been used for several years, and after assuring functionality, NMHRA has agreed that any taxation issues will be dealt with by Ministry of Finance. As a result of this situation, NMHRA developed a new Regulation for Importation of Medical Equipment. This has been seen by MEC.

Pending new equipment for NMHRA's Quality Control Laboratories is still "in process" at the National Procurement Authority. *MEC will be following-up with the NPA about the status of this process in the coming monitoring period.*

The pending Memorandum Of Understanding for independent sampling of pharmaceutical and medical product imports also "in process." As per the update provided by Ministry of Foreign Affairs, the MOU has been sent to the cabinet for final approval. *MEC will be following-up with the MOFA and cabinet office about the status of this process in the coming monitoring period.*

NMHRA continues to press for changes to import licensing. Substantive changes, in the form of Amendments to the Medicines Law, are currently under review at the Ministry of Justice. This approach was settled-on following a joint meeting of the Minister of Public Health and the Minister of Justice -- The cabinet had also previously recommended Amendment, instead of a more complicated and lengthy renewal. These proposed Amendments were shared with MEC. *MEC will be following-up with the MOJ about the status of this process in the coming monitoring period.*

In the current reporting period, 800+ pharmaceutical and medical product importers were declared illegal and their licenses for importation cancelled [press conference at Government Media Information Center; link of Azadi Radio: https://da.azadiradio.com/a/28820931.html.] Thirty-Four new technical positions in NMHRA to expedite their process of importer re-registration have been announced and recruitment is under way. Current importers have been advised by NMHRA to join and form corporate companies. Fifteen have joined and registered 3 corporate importing companies by the end of the sixth monitoring period.

National Medicines List: The NMHRA website is up now and the data transfer with details of all approved medicines is in progress. The medicine registration database has been named "PRIS: Products Registration Information System." This online database will replace the Licensed Medicine List and will be linked to *Pro Forma* registration for importers.

- **Attorney General's Office:**
  The Ministry of Public Health continues to seek more transparency, accountability, and follow-through on the status of cases of suspected corruption that have been referred from the MOPH Internal Audit Department to the Attorney General's Office for investigation. *MEC will be following-up with the AGO about the status of this process in the coming monitoring period.*

- **High Level Health Oversight Committee:**
  The Minister has established a new High Level Health Oversight Committee with a remit including 1) Decision-making, 2) Resource allocation, 3) Resource coordination, 4) Monitoring financial issues. The HLHOC meets monthly and members include the Minister of Public Health (Chair), Deputy Ministers, health sector donors, health stakeholders, and Ministry of Finance. The HLHOC replaces the Strategic Health Coordinating Committee (which met Quarterly) and was established and authorized in the 6th Quarter of monitoring. The HLHOC's TOR reflects MEC Recommendations on accountability. *MEC will continue to follow-up on participation and representation concerns in the new entity (community, civil society, etc.) and will observe an HLHOC meeting in the upcoming monitoring period.*

- **Performance monitoring within MOPH:**
  The MOPH Executive Committee now accepts the practical differentiation of *performance monitoring* from *financial auditing*. Accountability on performance monitoring (the focus of 38 MEC Recommendations) will now link directly to the High Level Health Oversight Committee, rather than the MOPH Internal Audit Department. *MEC will be working closely with the Contact Group to track practical developments on this issue during the upcoming monitoring period.*

- **Public Relations / strategic communications:**
  During the sixth monitoring period, MEC observed several developments related to strategic communications in the health sector.

  In the current monitoring period, Reproductive, Maternal, Newborn, Child & Adolescent Health 'success stories' were collected during a Nangarhar field mission by MOPH staff from Department of Public Relations and RMNCAH. These will be used in the upcoming monitoring period to develop community informational materials.

  During the sixth monitoring period, the Department of Public Relations (DPR) conducted training on media and communication skills, media interviews, effective listening, written communication, internal communication, and complaint handling procedures. The participants included over 40 Directors and Deputy Directors from 20 Kabul hospitals.

  Under guidance from the Minister of Public Health, DPR developed Guidelines on Public Access to Information and Communication Focal Points were named by DPR for all 34 Provinces.

  DPR publicized information on MOPH's success at Competency-Based Recruitments completed during the Quarter. *MEC will follow-up with the CBR*

Program and Civil Service Commission to verify the MOPH claims of success with CBR processes.

While intra-MOPH coordination on strategic messaging increased in the 6th Quarter, it remained at a very limited level (Complaint Handling Office, NMHRA, RMNCAH.) The Ministry efforts on transparency, governance, accountability, and system integrity have remained largely unknown to the public, including *management of referrals* (GDPSC), *discipline of MOPH staff and management* (GDHR), *routine monitoring for implementation quality and program completeness* (GCMU), *referrals of suspected cases of corruption to the AGO* (IAD-AGO), and *Quality Assurance-Quality Control monitoring and oversight* (GDEHIS.) *MEC will be following closely with DPR to track expansion of these messaging efforts.*

- **Use/misuse of public assets, especially ambulances:**
  The General Directorate of Curative Medicine incorporated ambulance usage into routine Hospitals Monitoring Checklists (initially in Kabul; Provinces to be added during 7th and 8th Quarters of MEC monitoring.)

  GCMU provided evidence of its monitoring of ambulance usage during its Provincial inspections, as well clear communications to BPHS/EPHS contract holders on 'proper control of public assets,' including consequences for improper controls. GCMU distributed guidance, in cooperation with GDHR, on the *Employee Code of Conduct* in regard to misuse of public assets.

- **GD Evaluation and Health Information Systems:**
  Formal links established among GDEHIS, GCMU, and independent third party monitoring entities for collation of performance management and contracts compliance.

  GDEHIS provided proof of payment-linked performance verifications in 5th and 6th Quarters. Data Warehouse ("DHIS2") is now activated within MOPH, linking the wider GoIRA and health sector donors.

  GDEHIS reports that World Bank declined to financially support the proposed Community-Based Monitoring protocols; these oversight processes will shift to Citizens' Charter/*Shura* processes instead.

  During this monitoring period, GDEHIS coordinated and cooperated on three third party monitoring products: 1) HMIS Verification and Functionality Assessment, 2) Balanced Score Card (Health facility assessment), and 3) Afghanistan Household Survey. The HMIS VFA went ahead but the BSC was not approved by the HIS Board and improvements were sought. The GDEHIS

moved ahead with coordination of the AHS (2017/18) including the training for 400 data collectors. AHS field data collection is currently under planning.

A formal mechanism was completed for distribution of DHIS2 User credentials to stakeholders at different levels, starting from the Minister and Deputies to general directors and NGO heads and donors. In collaboration with Health System Resilience Project (USAID), the GDEHIS conducted the *DHIS2 Customization* and *Information User* trainings for more than 60 people. GDEHIS plans that the certification level training is provided to 20 Customizers and 60 Users in the upcoming monitoring period, by the support of HSR.

Also through support of HSR, GDEHIS conducted the Data Demand and Use Assessment in this monitoring period. The results will be fed into the Data Rationalization exercise for improving the data quality and use. The HSR plan, developed jointly with GDEHIS, was shared with MEC.

Compared to the previous monitoring period, during the Sixth Quarter there was a slight increase in the number of MEC Recommendations with verified progress by MOPH.

MEC MOPH recommendations with verified progress within each Quarter
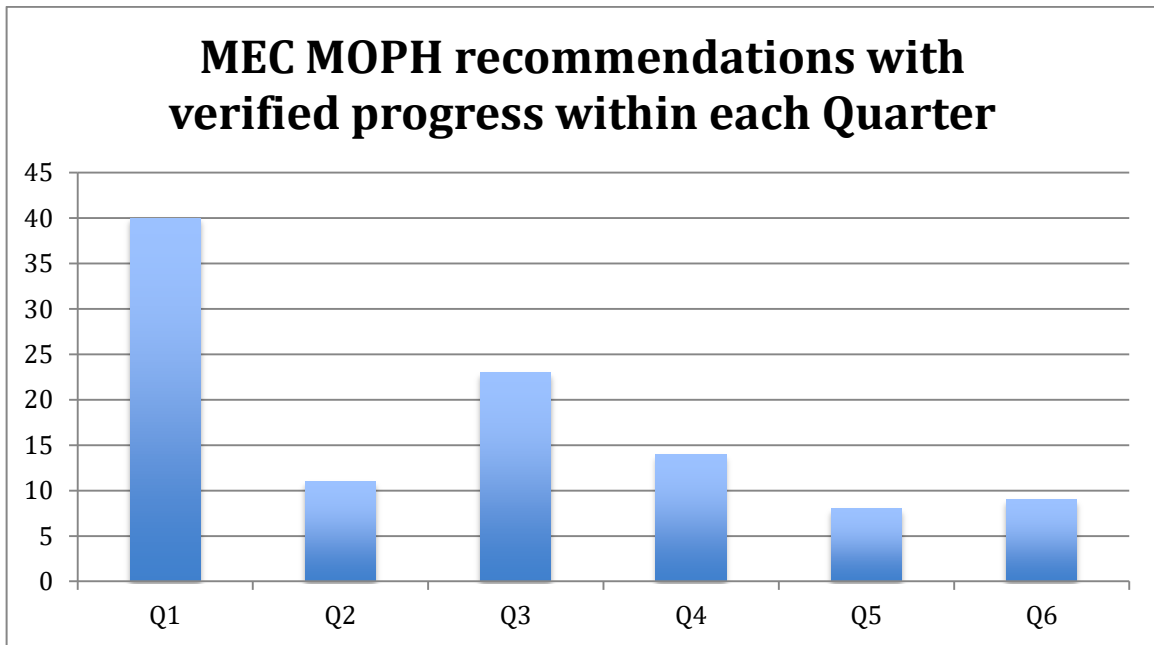
Status of implementation of the MEC recommendations

MEC reviewed the status of the 112* remaining recommendations:
- 61 (55%) have been fully implemented.

- 46 (41%) have been partially implemented. These are further broken down as follows:
    - 15 started or *study underway*
    - 10 achieved up to 25%
    - 21 achieved up to 50%

- 5 recommendations (4%) are either pending, or for future implementation. In 2 of these remaining cases there are substantiated reasons for delay. However, while there are just 5 pending/future recommendations in the fifth monitoring period, MEC remains concerned that 4 of these 5 are due to reversals from a previous *'study underway'* status. Notably, all 5 with pending/future implementation status are related to human resource management.

* The MEC monitoring team recommended that three MEC recommendations were dropped from monitoring in the 4th Quarter: 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 the 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 VCA, 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 VCA*

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 VCA*

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 VCA*

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 recommendations appear in these tables since some were not applicable to the stated Priority Issues in the original MOPH VCA.

Next MEC monitoring report

MEC will continue to monitor progress on implementation of anti-corruption actions in MOPH, and will produce its next report in April 2018 covering January, February, and March 2018.