Independent Joint Anti-Corruption
Monitoring & Evaluation Committee (MEC)

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

Seventh Quarterly Monitoring Report June 2018

June, 2018

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Acronyms

Afs	Afghanis (Afghan currency)
CBE	Community Based Education
CSO	Civil Society Organization / Central Statistics Organization
DANIDA	Danish International Development Agency
DED	District Education Department
DfID	Department for International Development (UK)
DP	Development Partner
DSMS	Directorate of School Management *Shuras*
EMIS	Education Management Information System
EQRA	Education Quality Reforms for Afghanistan
FCO	Foreign and Commonwealth Office (UK)
IARCSC	Independent Administrative Reform and Civil Service Commission
ID	Identity document
M&E	Monitoring and Evaluation
MEC	Independent Joint Anti-Corruption Monitoring & Evaluation Commission
MOE	Ministry of Education
MOF	Ministry of Finance
MOFA	Ministry of Foreign Affair
MOHE	Ministry of Higher Education
MOICT	Ministry of Information, Culture, and Technology
MOPH	Ministry of Public Health
MVCA	Ministry-wide Vulnerability to Corruption Assessment
NCCP	National Citizen's Charter Program
NESP	National Educational Strategic Plan (also, NESP III)
NUG	National Unity Government
PED	Provincial Education Department
SMART	"Specific, Measurable, Attainable, Realistic and Time-bound."
SMS	School Management *Shura*
TA	Technical Advisor / Technical Assistant
ToR	Terms of Reference

TTC	Teacher Training College
TVET	Technical, Vocational, and Educational Training
UNESCO	United Nations Education, Scientific, Culture Office
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development

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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 seventh follow-up report. In the current reporting period, covering MOPH implementation in January, February, and March 2018, progress has improved significantly compared to the previous period of monitoring. However, while there was evidence of progress in several areas in the seventh monitoring period, the MEC Monitoring Team has also itemized specific concerns about progress on implementation or the outcome of the implementation.

This Quarter, MOPH implementation of the anti-corruption recommendations has picked-up, significantly, compared to the prior Quarter, with notable progress on recommendations related to transparency and accountability. MEC calls on the Minister and his colleagues to continue to press for progress in their implementation.

AREAS OF PROGRESS DURING THE SEVENTH MONITORING PERIOD

- **General Directorate of Human Resources:**

Following on from identified risks related to the integrity of the MOPH recruitment process, MEC proposed more systematic oversight. Fraud detection systems, along with an enhanced role in recruitment for the Civil Service Commission, have contributed to strengthening the transparency of MOPH recruitment processes.

The General Directorate of Human Resources has provided evidence of its systems for detecting fraudulent and faked certificates and professional Degrees. In the current reporting period, MOPH systems detected five (5) new cases of fraudulent certificates, Diplomas, and credentials from applicants. Evidence of these detected cases was individually presented to MEC, indicating a variety of types of fraud had been attempted by applicants.

Following scrutiny of MOPH employees failing to be present during appointed official working times, MEC proposed implementation of systems to enforce working times and punish unexplained absenteeism.

The General Directorate of Human Resources is now pursuing implementation of a fingerprint scanning system to track worker arrivals and departures. A similar system had been tried previously at the Ministry. Practical concerns were raised about implementing this type of system, including the need for a reliable electrical supply to keep it operating continuously, the risks of large crowds of employees at the sites of the scanning devices during both entering and leaving the Ministry, and that MOPH staff and Managers often have legitimate meetings and obligations off-site, which are part of their role and responsibility – All of which complicate the routine use of this type of system.

During the current reporting period, MEC questioned MOPH's IT Director about lessons learned from the previous attempt to use this type of system at MOPH Headquarters:

1. MEC M&E Team: Can you describe the timeline for installation of the finger-scan system at the Ministry?

   MOPH IT Director: This project is still in procurement process. It is in acceptance level, but the contract is not yet signed. After the contract is signed the installation is possible by the end of June.

2. MEC M&E Team: When should the finger-scan system be operational?

   MOPH IT Director: The system will be operational in July.

3. MEC M&E Team: How many of the finger-scan units will be installed?

   MOPH IT Director: We have plan of implementation in the center of Ministry and the six MOPH hospitals in Kabul. Firstly, in center of Ministry it will be implemented for project-based employees, then the Government employees.

4. MEC M&E Team: Do you have a targeted number of people that will use each unit?

   MOPH IT Director: Our targets for implementing this system are based on status and location of employees, not numbers per unit: First we will aim for the project-based employees and the requirements of the Ministry.

5. MEC M&E Team: Can you describe the "lessons learned" from the previous use of the finger-scan system at the Ministry?

   MOPH IT Director: We had a limited number of devices; the devices did not have the capacity we required. Our employee 'rush' at starting- and ending-times each day was too much for the limited number of devices on-site. The main point that caused the failure of the previous system was that the database was not standard and not integrated; that itself was at risk of being manipulated. We have surveyed the systems being used in other Ministries, especially Ministry of Finance, to decide which ones are standardized.

6. MEC M&E Team: What are your strategies for overcoming the problems of the earlier use of this kind of finger-scan system?

   MOPH IT Director: Now we have a centralized database, and the database is standardized. The database is integrated with payroll functions and can make different kinds of accurate reports.

7. MEC M&E Team: How long will the IT Directorate consider as a 'trial period' of the new finger-scan system?

   MOPH IT Director: We expect 10 to 15 days for the trail period of the new system.

8. MEC M&E Team: Will the finger-scan system be under management of IT Directorate, or GDHR, or some other part of the Ministry?

MOPH IT Director: The database is with IT Directorate in our Datacenter. The technical support is with the cooperation of IT Directorate and GDHR.

Additionally, MEC has questioned the distinction of this finger-scan system being implemented at MOPH Headquarters in Kabul, compared to Provincial Health Department sites around the country, where there are strikingly different working conditions.

GDHR Management confirmed that tracking staff and Management presence, and reducing absenteeism, must consider a different set of conditions and constraints in Provincial settings. The effectiveness of these types of finger-scan systems, after implementation at MOPH HQ, can provide guidance on Provincial implementation, however GDHR pointed out: Additional budget is required to cover costs of equipment and maintenance in 33 other Provinces. Provincial Health Directorates will need to be monitored to check on its application and usefulness, as well as the improved outcomes, as far as both the practical issue of timeliness of staff and management, and any changes in community perceptions about access to workers within the PHDs. Managers and staff in PHDs are expected to spend a far higher percentage of their time each week outside of the PHD itself, compared to MOPH HQ. Their role in Provinces specifies monitoring and overseeing the services implementation of NGOs and INGOs – and this will necessarily impact on the efficiency and effectiveness of PHD-based finger-scanning systems at the start and end of each working day.

MEC will continue to explore these conditions and constraints with GDHR and the IT Directorate during the 8th Monitoring Period.

- **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 plans to establish a regulatory framework, the Afghan Healthcare Accreditation Organization (AHAO), with input from donors and health sector stakeholders.

The proposed accreditation framework has now been sent to the President's office for approval. The proposed model is based on similar regional accreditation entities.

Initially the scope of AHAO will focus on public, private, and military hospitals, with eventual expansion to all NGO/INGO health contract facilities and private sector health service providers. The final proposed regulatory package to underpin AHAO's oversight was shared with MEC, along with estimated fiscal requirements, which still need to be identified to be able 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 critically – public perception of the integrity of the Ministry and its health contract implementers.

Conflicts of Interest Policy

A committee was established in the General Directorate of Curative Medicine to draft a Conflicts of Interest policy. A smaller, more focused Technical Working Group (TWG) finalized the draft policy. This group was comprised of Dr. Pratap Kumar Sahoo (International Consultant for General Directorate of Policy and Planning), Dr. Mir Omar Masoud Atefi and Dr. Saida jan Yousufzai (both Planning Advisors to the General Directorate of Policy and Planning), Dr. Allah Dad Marufkhail (Governance and Private Sector Manager for USAID's Health Sector Resilience project), Dr. Dostyar Dost (Senior Advisor to GDPP), and benefited from the leadership of Dr. Qadir Qadir (Policy and Planning General Director).

The TWG conducted a series of development meetings and ultimately finalized the draft policy document in March 2018. This has now been submitted to MoPH leadership for approval. A mechanism for implementation of the Conflicts of Interest policy in the whole of the health sector will be formulated after the policy is approved.

Notably, during the current period of monitoring the Grants and Contracts Management Unit reported they did not find any cases of conflict of interest among health service contract implementers. However, GCMU described a case of one implementing NGO that had found two instances of conflicts of interest and documented that punishments had taken place.

MEC will follow the further sharing of these findings and results of monitoring and control systems within the High Level Health Oversight Committee during the 8th Quarter.

Management of Referrals

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 in Kabul (both public and private facilities.) The Standard Operating Procedures and Referral Checklist have been distributed to ensure On Duty staffs know the referrals procedure.

Implementation of the Guidelines will require coordination among DPSC, GCMU, EHIS, and CHO

The MEC monitoring team will be following the implementation in the upcoming Quarter, as well as tracking lessons learned (and changes), expansion of the Guidelines to areas outside of Kabul, and the cooperation from BPHS and EPHS contract implementers.

Additionally, MEC will follow the activities of the Department of Public relations in informing the community about changes in how referrals are managed, as well as verifying any influence this development has had over the public's trust and confidence in decision-making by professionals in the health sector or in the Ministry itself.

- **Grants and Contracts Management Unit:**

Based on GCMU monitoring of BPHS/EPHS implementers, 272 cases were found by implementing NGOs and disciplinary actions have been taken against them. The actions include salary deduction (251 cases), warnings (9 cases), changing the job location of staff (6 cases), and termination of the staff contract (6 cases).

The GCMU shared evidence of their monitoring of referrals of patients within BPHS and EPHS, including functionality of ambulances. "Based on revised TOR, health *shuras* are already engaged in checking of the patient referral to verify if it is appropriate. Also, GCMU monitoring team routinely

monitors health *shura* activities in health facilities. During this period, 28 missions were conducted by GCMU in the Provinces to monitor implementation of contracts, including patient referrals. A continuous coordination between GCMU and M&E is in place, and GCMU will maintain a focus on strengthen it. Reports on the monitoring activities of GCMU, including their findings, are regularly being publicly shared through GCMU Facebook page (www.facebook.com/afghanistan.GCMU). A shared communications group in Viber is already established for distributing the information among health stakeholders, including the BPHS and EPHS implementing NGOs and INGOs."

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

The NMHRA provided an update in the status of their efforts to revise existing laws and regulations related to medicine: "The medicine law and medicine and healthcare products regulation drafts have been submitted to MoJ for further process but unfortunately, due to workload on MoJ, they could not put them in their plan to be ready for Presidential Decree during this winter. MoJ has promised to finalize it and prepare it for the Presidential Decree till the summer period."

NMHRA continues to press for these changes to import licensing to improve their oversight of medicines and health products entering Afghanistan. Substantive changes, in the form of Amendments to the Medicines Law, are currently under review at the Ministry of Justice, as described above. 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 to the Law, 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.

Another market survey of pharmaceuticals and medical products was organized by NMHRA and conducted independently during the monitoring period, with WHO support, in Kabul, Nangarhar and Herat. Data entry from these three provinces is in progress: *"Survey has been conducted in Kandahar while for Balkh it was cancelled due to budget limitations; as WHO allocated 3000 USD that could only suffice for data collection of Kabul, Nangarhar, Herat and Kandahar. Data entry for Kabul, Nangarhar and Herat completed, while for Kandahar, it is in progress. Data analysis and report will take three more weeks."*

MEC will continue to monitor progress in this area in the 8th Quarter.

An equipment inventory was completed by NMHRA for laboratory items that were apparently untaxed (and uninspected) on their 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 has now developed a new Regulation for Importation of Medical Equipment to prevent such occurrences in future. This new Regulation has been reviewed by MEC.

Long pending purchases of 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.

So far, 800+ pharmaceutical and medical product importers were declared illegal and their importation licenses cancelled. A formal press conference to announce these results was held at the at Government Media Information Center [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 recruited. Current importers have been advised by NMHRA to join and form corporate companies. There are now five corporate importing companies/bulk importers which have applied and are under process to be licensed."

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 to improve efficiency and reduce opportunities for conflicts of interest (or bias) in the registering processes.

- **Social Behavior Change Communication Guidelines**

Regarding MEC Recommendation 5.2: Improve awareness, technical understanding, and opportunities for implementation of MOPH policies.

"The SBCC guideline is significantly improved since last revised by the Health Policies Development Working Group. Though the Guideline is still draft, however, the guiding principles and procedures have been used in designing SBCC programs; it still needs further review and modification. In the coming quarter, the guideline will be finalized and endorsed." The modified version of the SBCC Guideline was shared with MEC for review.

- **Attorney General's Office:**

The Ministry of Public Health continues to seek more transparency, accountability, and follow-through on the status of outstanding cases of suspected corruption that have been referred from the MOPH Internal Audit Department to the Attorney General's Office for investigation.

In the current monitoring period, two new suspected cases were identified by the Internal Audit Department and referred to AGO for investigation.

MEC will be following-up with the AGO about the status of this process in the coming monitoring period.

- **Complaint Handling Office:**

Following on from concerns about a lack of systematic management for complaints in the health sector, the MOPH Complaints Handling Office (CHO) team has now moved to dedicated office space inside the Ministry of Public Health headquarters, according to the Director of the CHO. This raises the profile of the CHO within the Ministry, and will allow for better controls and management of their sensitive documentation processes.

During of the current monitoring period, the CHO team has registered and resolved 62 complaints.

The CHO has continued to draw the public's awareness of their activities and soliciting formal complaints, including on social media platforms (Facebook, Twitter), publishing and distributing brochures, fixing dozens of explanatory signboards in health facilities and the Ministry itself, and participating in interviews on traditional broadcast media outlets (1TV, *Shamshad* TV, *Meshrano Jerga* TV, and *Watandar* radio.)

The CHO was also selected as member of the National Citizens' Charter Program's Communications Working Group. The Group is composed of representatives from Ministry of Education, Ministry of Finance, Ministry of Agriculture Irrigation and Livestock, Ministry of Rural Rehabilitation and Reconstruction, and Ministry of Public Health. These are bimonthly meetings for inter-Ministerial information sharing on public awareness actions.

During the current Monitoring period, the Director of the Complaint Handling Office met with complaint Focal Points from Kabul hospitals about installing complaint boxes, complaint handling guidelines, use of forms to record and track resolution of complaints, and overall information about the CHO program.

A new MOPH Complaints Committee will act as liaison between the CHO and the Afghanistan Independent Human Rights Commission. MOPH representation on this Committee is composed of the Directorate of Monitoring and Evaluation, Directorate of Private Sector Coordination, General Directorate of Human Resources, General Directorate of Preventive Medicine, Directorate of Regulation, and General Directorate of Clinical Medicine. *MEC will be following-up on this Committee's activities in the coming monitoring period.*

- **High Level Health Sector Oversight Committee:**

The High Level Health Oversight Committee replaces the Strategic Health Coordinating Committee (which met Quarterly) and its remit includes 1) Decision-making, 2) Resource allocation, 3) Resource coordination, 4) Monitoring financial issues. The HLHSOC continued to meet monthly and members include the Minister of Public Health (Chair), Deputy Ministers, health sector donors, health stakeholders, Ministry of Finance, and other stakeholders as warranted by specific agenda items. The HLHSOC'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, private sector, etc.) and will observe HLHSOC meetings in upcoming monitoring periods.

- **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.*

The 6th Round of Third Party Monitoring by the Dutch Royal Institute of Tropical Medicine (KIT) examining health service contract implementation was completed. The Health Management Information System and the functionality verification of data entry were both carried out. With the

completion of the previous round, the KIT and its local counterpart, Silk Route Training and Research Organization, invited field workers to come to Kabul for 5 days of meeting to discuss the lessons learned in the previous round, and identification of any problem they faced during the data collection. The refresher training was conducted with classroom discussions, articulation of lessons learned, review of forms, and field-testing. 13 participants in each round of refresher training participated: Field Manager, Regional monitors, and Regional officers.

Additionally, a Third Party Monitoring Steering Committee was established for oversight and technical review of the third party activities. This Committee is headed by HE the Deputy Minister of Public Health and members are from World Bank, USAID, WHO, UNICEF, and key MOPH Department (including EHIS and GCMU). The meeting minutes verified that the HMIS and functionality verification of prior reports was completed and approved.

- **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, the Department of Public Relations described their activities, which were verified by MEC: "Mr. Feda Mohammd Paikan, the Deputy Minister for Health Care Services Provision monitored the process of health services delivery of the private and public hospitals (Millat and Wazir Akbar Khan) and pharmacies in Kabul city. As a result 3 pharmacies have been fined and closed down until they adjust their activities, according to the regulation of the Ministry of Public Health. The Head of the Public Relations Department accompanied the Deputy Minister during the monitoring. The Public Relation Department produced a short report on this and posted it on the MOPH website and MOPH's Facebook page for attracting people's attention to the MOPH's overall monitoring and evaluation system, and its role specifically in monitoring and evaluating pharmacy services."

The Public Relations Department worked closely with departments to upload their documents on financial management and procurement system of the Ministry of Public Health onto MOPH's website and Facebook page. This should further enable the public to access information and documents showing the improvement and integrity in the audit system.

The Public Relations Department has supported the MOPH Complaint Handling Office in posting their documents on the MOPH website and Facebook page. This has helped the Complaint Handling Office to share information and documents with the public and collect feedback from them.

The level of intra-MOPH coordination on strategic messaging increased significantly during the 7th Quarter. The Department of Public Relations has embraced the task of informing the public about the Ministry's efforts to promote transparency, governance, accountability, and system integrity, including *management of referrals* (GDPSC), *discipline of MOPH staff and management* (GDHR), *routine monitoring for implementation quality and program completeness* (GCMU), 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 has now fully incorporated ambulance usage into routine Hospitals Monitoring Checklists. The GDCM reports: *"There is a Discipline Committee within Kabul Ambulance Department of GDCM/MOPH; the Committee's main responsibility is to regularly monitor ambulance functionality, based on checklists, to ensure proper utilization of ambulance for referral purposes. In case there is any malpractice or inappropriate use of ambulances, the Committee issues required punishment to the responsible person."*

MEC has seen evidence of disciplinary action taken by the Kabul Ambulance Department regarding inappropriate use of ambulances during the current Monitoring period.

Also, according to the Grants and Contracts Management Unit: "During 7th Quarter, there were no cases of wrong behavior regarding private use of public sector assets have been found by GCMU team." The 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. MEC will follow the further sharing of these findings and results of Monitoring & Control systems within HLHOC during 8Q.

General Directorate of Human Resources: "MoLSAMD started to revise rules/act on private use of public sector assets for all Afghan governmental and non-governmental organizations which was developed years before. It was shared to all Ministries, including MOPH, for collection of comments. We made our comments on the mentioned rules, but the result is not clear if it is revised or not."

MEC will follow the status of this process during 8Q.

- **General Directorate of Evaluation and Health Information Systems:**

Formal links among GDEHIS, GCMU, and independent Third Party Monitoring entities for collation of performance management and contracts compliance remain active, according to MEC observations.

In the current Monitoring period, the Data Warehouse ("DHIS2") user policy in GDEHIS enabled almost 100 users to gain access to the DHIS2 across MoPH Departments and other health related organizations. Decisions were taken to include surveillance data in DHIS2 and foster the use of data to facilitate establishment of a coordinated e-surveillance system in the country.

All of HMIS data (2017) has been imported in DHIS2 with 75 million records. Meetings have been conducted with MoPH Departments to create 12 distinct dashboards showing health status data for programs. Additionally, the Start-up Mortality List (SMoL) database for the Vital Statistics Department and *Minimum Required Standard Checklist* for the Monitoring Department have been integrated with DHIS2. The SMoL aligns with the International Classification of Diseases (ICD), and informs the process of setting public health priorities and tracking progress towards national and international targets and goals. This SMoL is designed to be a first step towards standardized reporting of causes of death in low-resource settings, where capacities to code (or classify) causes of death are lacking. MEC assesses this advancement has a powerful indicator of GDEHIS progress in improving transparency and oversight in MOPH and among its contract implementers.

In addition, the GDEHIS *Institutional Plan 2017-2020* has been prepared for DHIS2. A budget of US$1.5 million will be supported by USAID's Health Sector Resiliency project and the remaining costs will be sought from other stakeholders.

The Ministry of Public Health and United States Agency for International Development (USAID) signed a memorandum of understanding on 31 March 2018 to implement a sample survey of public and private health facilities, known as the Afghanistan Service Provision Assessment (AfSPA). The 2018 AfSPA will survey 120 national and regional public and private hospitals and private clinics in six major urban areas: Herat, Jalalabad, Kabul, Kandahar, Mazar-I Sharif, and Kunduz. The survey's main objective is to collect information on the availability and quality of health services with a focus on family planning, maternal and child health services, as well as surgery, pediatrics, emergencies, intensive care, delivery and newborn care. Data from the 2018 AfSPA will be used to design and improve interventions and services, including the design of a new urban health strategy focusing on major population centers or urban areas. The 2018 AfSPA will be implemented by GDEHIS on behalf of the Ministry of Public Health. The GDEHIS also adjusted the AfSPA for tertiary (specialist) hospitals.

AREAS WHERE MEC REMAINS CONCERNED ABOUT PROGRESS:

- **Conflicts of Interest / Management of Referrals:**

The Ministry has commented in the most recent two Quarters that full implementation of the National Referrals Guidelines is dependent on financial resources being provided for this activity.

Both conflicts of interest and management of referrals remain key issues linked to public perception of the integrity of the Ministry.

- **Complaint Handling Office**

MEC remains concerned that the CHO still requires an analysis of the types of complaints being received in order to better tackle the persistent problems faced by patients and their families. Without this perspective, the CHO will be in a react-and-respond stance, rather than a proactive position.

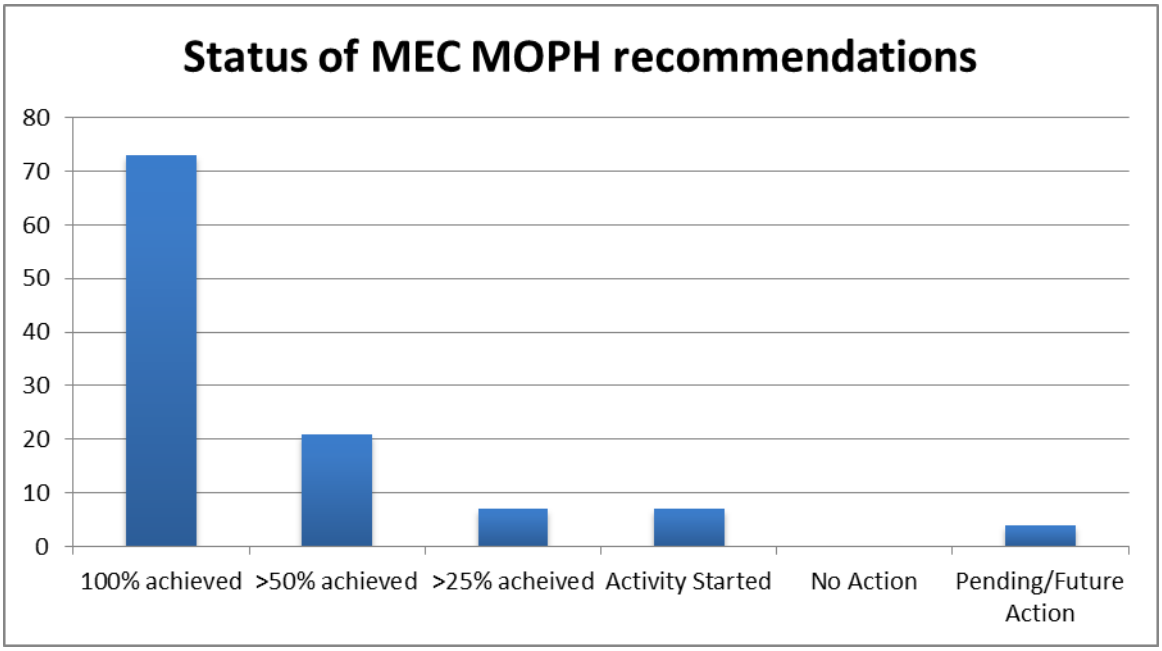
- **Attorney General's Office:**

MEC supports the Ministry of Public Health as it 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:**

MEC remains concerned about participation and representation from community, civil society, and health sector advocates. MEC will encourage further expansion of the HLHOC TOR's participant list in the upcoming monitoring period.

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

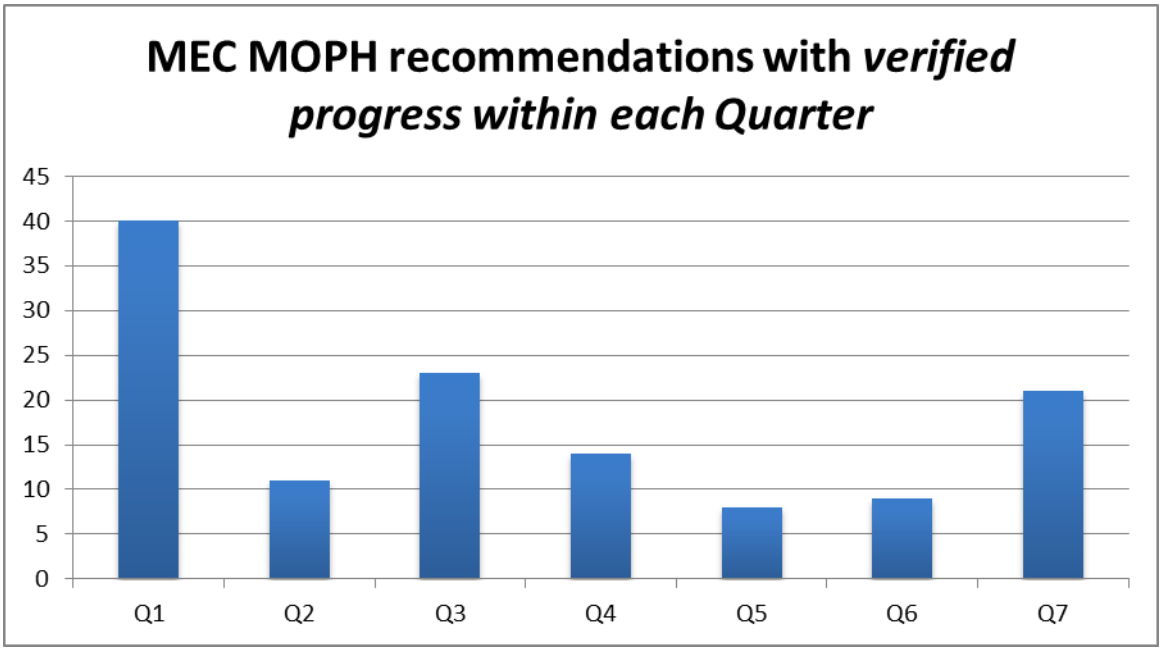


Status of implementation of the MEC recommendations

MEC reviewed the status of the 112* remaining recommendations:

- 73 (65%) have been fully implemented.
- 35 (31%) have been partially implemented. These are further broken down as follows:
    - 7 started or study underway
    - 7 achieved up to 25%
    - 21 achieved up to 50%
- 4 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 final (8th) quarterly report in September 2018 covering April, May, and June 2018.