



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

Executive Summary



Kabul-Afghanistan

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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.