



**Independent Joint Anti-Corruption
Monitoring & Evaluation Committee**

Following up the implementation of recommendations in the MEC report ‘Vulnerability to Corruption in the Afghan Ministry of Public Health’ First Quarterly Monitoring Report November 9th, 2016

Summary

MEC published its analysis of corruption vulnerabilities in the Ministry of Public Health on June 4th, 2016. The Minister, His Excellency Dr. Feroz, supported the analysis, and, in June, established a Working Group comprised of MOPH senior managers and external health sector stakeholders and chaired by Dr. Azimi, General Director of MOPH Policy & Planning. MEC was invited to attend Working Group meetings, which take place twice per week and are minuted.

MEC has followed the progress of MOPH in following up this plan since June. MEC has attended meetings of the Working Group; has reviewed progress against each of the 115 recommendations; has also conducted twelve informal interviews to identify any notable or particularly outstanding aspects ‘that may be changing at MOPH.’

INITIALLY, IT IS NOTED THAT MOPH HAD BEEN ACTIVE IN AUGUST AND SEPTEMBER IN TURNING THE MEC

REPORT INTO SPECIFIC ACTIONS (“INTERVENTIONS”) FOR MOPH OFFICIALS. THE EVIDENCE SHOWS THAT

THIS WAS A GENUINE EARLY EFFORT. HOWEVER, THE MOMENTUM HAS SINCE SLOWED DOWN. THERE

REMAIN SERIOUS CHALLENGES TO A COMPLETE IMPLEMENTATION PLAN FOR THE MOPHSR

RECOMMENDATIONS, AND A MAJOR CONFIDENCE PROBLEM TO OVERCOME.

NONETHELESS, MOPH HAS MADE ACHIEVEMENTS DURING THE LAST FOUR MONTHS:

Regarding the working group and the anti-corruption strategy and plan:

- The MOPH Working Group has completed the initial prioritization of recommendations, and has proposed indicators for each MOPHSR recommendation. However these still need checking and agreement from the respective Departments and Directorates. Ahmad Jan Naeem, MOPH Deputy Minister for Technical Affairs, provided support and direction to the Working Group for completing the final draft of the *Anti-Corruption Strategy and Action Plan*, including assignments



Independent Joint Anti-Corruption Monitoring & Evaluation Committee

of responsibility and providing evidence of all steps taken toward implementation.

- Named focal points responsible for each of the 115 recommendations have been assigned; this was a major deliverable during this period. However, these Focal Points have not yet been verified by the respective individuals and in cases where there is overlap among the proposed Departments and Directorates, responsibility remains unclear.
- Initial drafting of the MOPH *Anti-Corruption Strategy and Action Plan*, including the full acceptance of all aspects of the MOPHSR including all 115 recommendations, without qualification or deletion. However, the Plan is delayed and has not yet been produced for review by MEC of the public.

Regarding the implementation so far of MEC's recommendations:

- Health Management Information System (HMIS) – the process has been initiated, with many actions underway. Outcomes not yet achieved
- Pharmacy and Drug Supply – the process has been initiated, with many actions underway, with some achievements. For example, National Medicine and Health Product Regulatory Authority (NMHPRA) was officially established/opened by the MOPH Minister on date 31 July 2016. NMHPRA is working out of MOPH's headquarter (Shashpor, Near to Shahre-Naw, Kabul). The establishment of this entity is suggested by MOPH which has got the approval of the President and the Council of Ministers. Likewise, chapter three of the draft of Pharmacy and Health Products Law is clearly defined the role and main responsibility of this entity which is now in the Ministry of Justice (MOJ) for further process. Overall, the establishment of the NMHPRA was approved by the President's office and currently this body is operating under MOPH structure, but outside of MOPH headquarters building.
- Key Performance Indicators – the process has been initiated
- Unified complaints system – the process has been initiated. A Health Complaints Handling Office was established in MOPH HQ; the lack of *external* management control and oversight requires further discussion to achieve independence and trustworthiness. According to Dr. Azimi, the General Director of Planning and Policy, it is 'almost three months that the Health Complaints Handling Office (HCHO) has been established,' though no date was verified. The HCHO is funded and supported by the ongoing SEHAT project. A Director for the HCHO has been hired; other staff is under process of hiring.
- On November 1st, 2016, the Ministry informed MEC that 36 of the 115 recommendations had been achieved so far. MEC has not had an opportunity to verify this information, and will do so during the next monitoring report. There also remain some discrepancies between MOPH's accounting of implementation of the recommendations from those of MEC's MOPHSR.

Regarding the proposed three Commissions (on integrity, accountability, and accrediting health organisations):

- MOPH is stating that the first two Commissions are covered by existing mechanisms and newly-established bodies. MEC will need to evaluate the scope and of these mechanisms before commenting on these alternative mechanisms
- The National Medicine and Health Product Regulatory Authority (NMHPRA) was



**Independent Joint Anti-Corruption
Monitoring & Evaluation Committee**

officially established/opened by the MOPH Minister on date 31 July 2016. NMHPRA is working out of MOPH's headquarter (Shashpor, Near to Shahre-Naw, Kabul).

MOPH HAS NOT YET GOT THE ANTI-CORRUPTION EFFORT PROPERLY UNDERWAY

MOPH made considerable progress during July and August, but this has slowed down in the last two months. For example, the key practical part of the anti-corruption plan - The naming of focal points for following up the recommendations – was only concluded on October 29th, rather than in August, after a long delay. Not all of these have been verified since they were named at a late date in the MEC monitoring process for the initial period.

STAFF HAVE NO CONFIDENCE, YET, THAT THE REFORMS WILL BE ACHIEVED

Staff continue to be highly sceptical. As an example from one interview, one former MOPH Director was pleased that the Ministry leadership 'has been held accountable' by the public launching of the MOPHSR, but also expressed that 'change will be resisted, strongly' by those at the highest levels of MOPH management.

MEC MONITORING WILL CONTINUE

MEC will continue to monitor progress on anti-corruption in MOPH, and will produce its next report at the end of January 2017.

Detail

INITIAL ACTIONS:

In June, Dr. Feroz established a Working Group comprised of MOPH senior managers and external health sector stakeholders. The Working Group was tasked with drafting an MOPH *Anti-Corruption Strategy and Action Plan* by the end of August. Following an initial meeting between MEC and MOPH in July to establish a mutual understanding on the way forward, MEC was invited to attend Working Group meetings. These take place twice per week and are minuted.

In August and September MEC participated in Working Group meetings for discussions on expectations, timelines, and to provide feedback on progress. The Working Group was informed in August that MEC would prepare an initial Quarterly Progress Report on Implementation for MEC Commissioners during September.

Notably, there had been some early reluctance regarding the 'feasibility' of some recommendations, which was anticipated. Subsequently this reluctance was dropped and the Working Group has undertaken steps to assign responsibility within MOPH for implementing all 115 recommendations.

According to Dr. Azimi (correspondence, 3rd and 17th September), the Strategy drafting process continues, with three components offered as evidence of progress:



Independent Joint Anti-Corruption Monitoring & Evaluation Committee

- 1) “*MOPH Anti-Corruption Strategy 2016-2020*” [V1 draft, 29 August 2016]
 - The initial draft version of the *Anti-Corruption Strategy* has entirely and wholly embraced the tone, content, and scope of MEC’s MOPHSR.
 - Specific advice and general feedback from MEC about approaches, prioritizing, and creating momentum have all been incorporated into the draft Strategy.
 - The draft Strategy specifically cites the need to achieve short term ‘wins,’ fundamental changes, and substantive reforms, and has classified the recommendations from two main angles: *Prevention and Detection/Investigation/Reporting/Sanctions*.
- 2) “*Updated Table of Interventions, for Consultation*”
 - All 115 recommendations from MEC’s MOPHSR have been included in the draft Strategy.
 - Draft indicators have been proposed for each recommendation.
 - The Working Group has proposed initial assignment of all recommendations to respective Departments and Directorates within MOPH.
 - Working Group members are currently consulting with each Department and Directorate to ensure understanding of the content and meaning of the recommendations as well as verification of cases where more than one Department or Directorate would be held accountable on implementation of a given recommendation.
 - The Working Group is currently verifying formal Focal Points with contact details in each instance.
- 3) “*Prioritization Matrix*”
 - The Working Group has initially scored all 115 recommendations from the MOPHSR.
 - Numeric values establishing priority across five criteria of *Importance, Feasibility, Capacity, Impact, and Time* have been proposed by the Working Group.
 - The assigned Departments and Directorates will vet the initial priority scores in consultation with the Working Group.

MOPH AND THE WIDER GOIRA

In August, MEC attended the meeting of Ministry of Finance Annual Budget Hearings where Dr. Azimi and other Directors from MOPH presented their report on the past year and its projections for the next four years:

- The first strategic goal of MOPH cited in the presentation was “*Strengthen good governance by fighting corruption, and promoting mutual accountability and institutional development.*”
- In listing its achievements for the current reporting period, Dr. Azimi acknowledged the assessment process performed by MEC and MOPH’s commitment to transparency as “*the first Ministry to seek this kind of assessment to address the complaints of corruption and to prevent and address the problems of the people.*”
- Corruption was also mentioned explicitly among the main challenges faced by the MOPH in preventing its successful implementation of planned activities.
- During the Question and Answer segment of the session, MEC questioned steps taken by MOPH in implementing the recommendations from the Special Report as they relate to financial resources;



Independent Joint Anti-Corruption Monitoring & Evaluation Committee

in response, Dr. Azimi publicly affirmed the commitment of MOPH to implement the MOPHSR recommendations as part of the draft Strategic Plan it is currently developing.

- Ministry of Finance cited material weaknesses in the MOPH systems for monitoring and evaluation; Dr. Azimi countered that the MOPHSR directly address this issue and effective implementation of the recommendations will resolve the concerns.

THE WORKING GROUP

The Interim Report submitted to MEC early September proposed that ‘process issues’ would likely be the principle focus of the initial reporting period, rather than tracking MOPH’s implementation of recommendations. A core MOPH deliverable during this interval has been only partially achieved: A draft *Anti-Corruption Strategy and Action Plan*, with the accompanying elements to support its implementation. While still in draft form and not yet completed, this represents a solid foundation for a workable and achievable Plan.

- The Working Group is meeting regularly, within the constraints of National holidays and security conditions that have had the typical impact on routine business and functions of the Ministry of Public Health.
- The implementation planning by the Working Group, and the timetable they have proposed are realistic – as far as have they been developed to this point.
- Deliverables from MOPH by end of October were intended to include a final draft of their *Anti-Corruption Strategy and Action Plan*, and with this, MOPH should be able to demonstrate material progress within 6 months on a range of different recommendations. (See *Concerns*, below). However, the action plan has not yet been completed.

NEW INTERVIEWS

A purposeful sample of short-form interviews were conducted with representatives of the five segmented interview categories from the original MOPHSR research in order to identify any notable or particularly outstanding aspects ‘that may be changing at MOPH;’ MOPH managers, MOPH employees and front-line staff, other health sector stakeholders, patients and their families in the community, and former MOPH directors and managers:

- Two current MOPH managers and two frontline employees each confirmed that the MOPHSR had been cited in discussions among colleagues since the June launch of the MOPHSR, though none reported an especially strong feeling about imminent changes to the prevailing conditions where they worked at the Ministry.
- Four health sector stakeholders expressed skepticism over the fulfillment of MOPH leadership’s promise to implement recommendations – *Interviewees all worked in health sector implementing agencies; none were representatives from donor agencies.*
- Three members of the general community interviewed expressed low levels of confidence in the likelihood of substantial change taking place inside MOPH (or any other part of the Government) in regards to changes in corruption or malpractice – *Each of these individuals live in Kabul.*
- One former MOPH Director was pleased that the Ministry leadership ‘has been held accountable’ by the public launching of the MOPHSR, but also expressed confidence that ‘change will be resisted, strongly’ by those at the highest levels of MOPH management.



**Independent Joint Anti-Corruption
Monitoring & Evaluation Committee**

EVIDENCE OF IMPLEMENTATION SO FAR OF MEC'S RECOMMENDATIONS

- Health Management Information System (HMIS) – PROCESS INITIATED, BUT OUTCOMES NOT YET ACHIEVED
 - 1.2.1: Independent assessments of functionality underway;
 - 1.2.2: Identification of gaps in implementation and potential for expansion of additional functionality (private sector) underway;
 - 1.2.3: Third party monitoring and auditing of reports (Reports versus Registers, and Reports versus community level data) underway;
 - 1.2.5: Investments in software and hardware secured; implementation of Data Warehouse (DHIS2¹) now anticipated in March 2017.
- Pharmacy and Drug Supply – PARTIAL ACHIEVEMENT
 - 2.1: Separate Pharmaceutical Procurement Procedures have been published on 30 June 2016 to supplement the National Procurement Law: A Guideline for Procurement of Basic Pharmaceuticals has been developed, finalized and published in cooperation with relevant stakeholders (different Departments of the Ministry, Pharmaceutical Faculty of the Kabul University as well as NGOs e.g. CAF, AKHS, ADDA, HEFD and Save the Children). A copy of the above mentioned guideline has been shared with MEC.
 - 2.2, 2.3, 2.12: Proposed changes to National Pharmaceutical Law have been prepared by MOPH and sent to Ministry of Justice for action.
 - 2.4: Pharmaceutical Product List reportedly updated; needs further verification of an annual process being established.
 - 2.6, 2.7, 2.8, 2.9, 2.10: National Medicine and Health Product Regulatory Authority (NMHPRA) was officially established/opened by the MOPH Minister on date 31 July 2016. NMHPRA is working out of MOPH's headquarter (Shashpor, Near to Shahre-Naw, Kabul). The establishment of this entity is suggested by MOPH which has got the approval of the President and the Council of Ministers. Likewise, chapter three of the draft of Pharmacy and Health Products Law is clearly defined the role and main responsibility of this entity which is now in the Ministry of Justice (MOJ) for further process. Overall, the establishment of the NMHPRA was approved by the President's office and currently this body is operating under MOPH structure, but outside of MOPH headquarters building.
 - 2.11: First version of Pharmacy Management Information System (PMIS) established; to be integrated into DHIS2 by March 2017. Pharmaceutical Needs Estimation Guidelines has been developed. *The technical assistance for DHIS2 (database development and capacity development) is provided by Health Sector Resilience project of USAID, which has a role in determining timing and milestones for this implementation.*

¹ DHIS2 is open source data warehouse software that will be automatically obtaining data from the data systems in MOPH (including HMIS, PMIS) making the data available to various levels of users based on their user rights. It can be used both online and offline. For further information about DHIS2 please visit <https://www.dhis2.org/>



Independent Joint Anti-Corruption Monitoring & Evaluation Committee

- 2.15: Guidelines developed and approved for Annual Quality Assurance Assessment/audits of pharmaceutical products manufactured (imported) by foreign companies; usage needs further verification.
- 2.16: National Policy for Quality Assurance was developed and approved; Pharmaceutical Sampling Guidelines were drafted. TOR for the Guidelines is in process. MEC has not yet verified this.
- Key Performance Indicators – PROCESS INITIATED, BUT OUTCOMES NOT YET ACHIEVED
 - 12.1, 12.2: Proposed *National Health Strategy* contains 30 strategic indicators and 230 operational indicators; *Minister's Results Unit* established to review and verify achievements against indicators on a monthly basis. Steps toward establishing independent entities are still to be worked out and clarified; GCMU's role in these reviews and verifications would not be considered independent.
 - 12.5: Community Scorecard (in place, but not fully functional) and Community-Based Monitoring System (to be piloted by March 2017) using a checklist methodology. Mechanism(s) to pay for this CBMS needs agreement from Ministry of Finance.
- Unified complaints system – PROCESS INITIATED, BUT OUTCOMES NOT YET ACHIEVED
 - 13.1: Health Complaints Handling Office established in MOPH HQ; the lack of *external* management control and oversight requires further discussion to achieve independence and trustworthiness. According to Dr. Azimi, the General Director of Planning and Policy, it's 'almost three months that the Health Complaints Handling Office (HCHO) has been established,' though no date was verified. The HCHO is funded and supported by the ongoing SEHAT project. A Director for the HCHO has been hired; other staff is under process of hiring.
- High Council on Oversight of Health Sector Integrity – PROCESS INITIATED, BUT OUTCOMES NOT YET ACHIEVED
 - 15.1: Deputy Minister for Technical Affairs states the currently composed Strategic Health Coordination Committee (SHCC) "*largely performs this role already,*" though its remit, ability to enact and enforce changes, and its independence are issues that require exploration.
- Clarify and publicise policies against bribery – PROCESS INITIATED, BUT OUTCOMES NOT YET ACHIEVED
 - 19.1.1: Management workshops have been conducted for senior MOPH staff to raise awareness and build capacity on corruption confrontation and good governance.

OTHER POINTS

- The finalization of the draft *Anti-Corruption Strategy and Action Plan* was delayed as individual Departments or Directorates in MOPH do not cooperate with assignments, verification of Focal Points, vetting processes, or prioritization of recommendations. Members of the Working Group expressed specific concerns about this.
- To date, there had not been any specific funding estimates prepared, technical proposals



Independent Joint Anti-Corruption Monitoring & Evaluation Committee

developed, or approaches made to donors for financing and enacting MOPHSR recommendations (with the exception of the Directorate of Evaluation and Health Information System's successful prior engagement with major donors on creation of the new Data Warehouse for data integration to take place during 2017.) The current V1 draft of the Anti-Corruption Strategy and Action Plan does not include specific reference to responsibility for overseeing technical proposal development or submission, or engagement with donors on financing solutions to implement MOPHSR recommendations.

- MOPH PRIORITISATION OF RECOMMENDATIONS

- In the initial draft of the "Prioritization Matrix" seven recommendations are scored at the minimum "5" and none are scored at the maximum "25," with the highest score being indicated as "20."
- In the initial draft of the "Prioritization Matrix" the average scores for each of the five criteria indicate a potentially serious challenge to implementation:

Average *Importance*: 3.5

Average *Feasibility*: 1.9

Average *Capacity*: 1.1

Average *Impact*: 3.9

Average *Time*: 1.9

This variability identifies a concern about higher perceived *importance* and *impact*, on average, across the MOPHSR recommendations, compared to their *feasibility*, the *capacity* to deliver them, and the *time* constraints.

- In the initial draft of the "Prioritization Matrix" there also appear to be significant discrepancies for closely related recommendations in proposed scoring by the Working Group; this may reflect lack of confidence or other weaknesses that could inhibit effective implementation, or confusion about the scores in the Working Group for some criterion.