Ministry of Public Health
Office of the Minister

13 November 2016

Statement

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

The Ministry of Public Health (MoPH) appreciates the role that MEC is undertaking in monitoring the recommendations it makes in its reports on corruption.

The MEC first quarterly monitoring report on the implementation of recommendations in the MEC report ‘Vulnerability to Corruption in the Afghan Ministry of Public Health’ was issued by MEC on 9 November 2016. This statement responds to some specific points and assumptions made in the report.

1. If MEC had got up-to-date information from the MoPH it would not have had the impression ‘…the momentum has since slowed down’. The Ministry realised in September that before any further work could be done on the anti-corruption strategy, it needed a better picture of what anti-corruption measures exist in its’ departments and whether they were functioning. So in September and October the Anti-Corruption Strategy Working Group had meetings with a number of departments about their measures and also asked them to fill in a form. So far from slowing down, the Ministry has quietly been doing much needed background work. Work that the MEC assessment did not cover. A compiled list of measures is available.

2. It is stated that ‘There remain serious challenges to a complete implementation plan for the MOPHSR recommendations’. The Ministry does not know what the letters ‘….SR’ stand for, but the current aim is to develop a strategy, which will be followed by a

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1 Page 1 of the report in capital letters. There is also inconsistency in the report about the months of activity; it is stated on page 1 that they were August and September, but on page 3 July and August.

2 Also on page 1 in capital letters.
work plan. It is not producing an *Anti-Corruption Strategy and Action Plan*\(^3\) or just a ‘Plan’\(^4\). And ‘complete’ assumes the MoPH accepts all the recommendations, which it does not and does not have to.

3. The report assumes that by putting all the MEC recommendations as an annex in the draft strategy means ‘full acceptance of all aspects of the MOPHSR including all recommendation without qualification or deletion’\(^5\). This is a wrong assumption. They were listed as a checklist for use during the development of the strategy. It also states that ‘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.’\(^6\) Again, ‘for implementing all 115 recommendations’ is not true.

4. Yes, “change will be resisted”\(^7\) because the Ministry is not convinced that all the recommendations are relevant, feasible or affordable. Many of the recommendations are also not clearly worded, are only based on qualitative subjective interviews, and the cost and other resource implications have not been taken into account. The Ministry will resist making the changes as per the MEC recommendations for the sake of being seen to conform.

Finally, the MoPH has been attempting to work closely with MEC. But it has to be a two-way trusting partnership, with MEC being supportive rather than controlling and trying to hurriedly push the MoPH into developing an anti-corruption strategy with 115 recommendations in it that it does not own.

If the strategy is to be owned, and successfully implemented by the Ministry it needs to lead the process, base the strategy on the context and reality in the country so its’ planned outcome and impact are achieveable, and develop it through a consultative process and with a systemic perspective where different perspectives and disagreement are seen as ‘healthy’ and needed. In the process clear objectives and strategic actions also need to be set that guide the direction and scope of work on anti-corruption in the health sector for the next 5 years. The strategy has to help answer the question ‘how are we going to successfully achieve the health policy statement on anti-corruption?’\(^8\) A strategy is not the place to follow up on the implementation or otherwise of 115 recommendations.

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\(^3\) Bottom of page 1  
\(^4\) Page 2, second bullet point  
\(^5\) Page 2, second bullet point  
\(^6\) Page 3, penultimate paragraph  
\(^7\) Page 3  
\(^8\) See the MoPH National Health Policy 2015-2020