Ministry of Public Health

Statement: Addressing Corruption in the Health Sector

Summary
This statement is intended to raise awareness among Ministry of Public Health (MoPH) staff and development partners about the intention of the MoPH to seriously address corruption in the health sector.

The statement has been developed in the light of the contextual factors outlined below and the very real political will and commitment of the new Minister of Health, H.E. Dr Feroz to tackle corruption within the framework of good governance of the health sector. The Minister has an attitude of zero tolerance towards corruption.

The next step towards the reduction and eventual eradication of corruption in all health facilities and among stakeholders is to undertake a risk assessment and develop an anti-corruption strategy and work plan. Following the risk assessment the anti-corruption strategy will outline relevant, sound anti-corruption measures, monitoring indicators, explicit and transparent means of enforcement, specify sanctions and penalties and address how civil society could hold the MoPH as a state institution, to account through increased transparency, accountability and advocacy. It will also highlight challenges to addressing corruption such as resistance, mistrust and threats and how they might best be dealt with. Concurrently, the capacity within the MoPH for effective implementation of the strategy will be developed.

Context
President Ashraf Ghani is repeatedly referring to the need to tackle corruption in government. Currently, there are ongoing reforms in the legal framework for anti-corruption, the civil service, the justice sector and other relevant entities and a shift towards strengthening accountability and aid management. Indeed, the first deliverables on the list of priority reforms presented at The London Conference on Afghanistan, 3rd December 2014, are all about anti-corruption interventions. The list was subsequently given to ministers at a Cabinet meeting with a directive to report monthly on progress on all the deliverables.

According to the 2013 global corruption barometer\(^1\) of those interviewed in a survey in Afghanistan:

- 50% felt that corruption is a serious problem in the public sector;
- 43% felt that public officials and civil servants were corrupt/extremely corrupt;
- 40% perceived that parliament/legislature was corrupt/extremely corrupt;
- 31% felt that health institutions were corrupt/extremely corrupt compared with 60% for the judiciary, 34% for NGOs, 33% for police and in education and 21% for the military;
- 21% reported that they or someone in their household paid a bribe to the medical and health services in the previous 12 months.

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\(^1\) Transparency International, 2014, Global Corruption Barometer
Corruption is thought to be having serious consequences on access, equity, quality, and effectiveness of health services. Demand for example, for under-the-table payments in health facilities, is contributing to the seriously high out-of-pocket expenditure (about 73%) on health and driving people into debt and further poverty. Corruption is thought to be so pervasive it can be considered a major public health issue in the country.

**Definition**

There is no single, universally accepted definition of corruption. The following definition has very recently been drafted by the MoPH towards having a shared understanding among stakeholders on what is meant by corruption in the health sector. It may change slightly following a forthcoming risk assessment of corruption and the development of an anti-corruption strategy.

Corruption in the health sector is defined as the abuse of power and authority entrusted to all stakeholders including politicians, civil servants, implementers of health programmes and services, development partners and participants in public-private-partnerships, for private, illicit gain.

**Corrupt practices and risk areas in health sector**

Corruption in the health sector is, among other things, a direct result of the failure to have good governance in the MoPH and of the low salaries for health personnel.

**Main corruption and abuse practices**

- Embezzlement – stealing government property e.g. medicines, bed linen, diagnostic and other equipment
- Personal use of money or other assets
- Irregularities in tender processes – fraudulent bids, bribery such as demanding or paying for selection e.g. of a contract
- Extortion – putting pressure on to pay e.g. ‘under the table’ payment
- Fraud – false diplomas and certificates
- Fake invoicing
- Staging of fake training events and ‘ghost’ workers and events
- Conflict of interest
- Nepotism - giving preference to relatives and others for staff positions
- Abuse of power or authority for personal gain
- Human rights violations

**Main risk areas**

- Health services
- Human resource management
- Grants, contracts, diplomas
- Medicines selection and use, procurement of medicines and equipment and their storage and distribution
- Development of regulations and laws
- Budgeting and financing flows
- Training courses, workshops, seminars