ACTA

Anti-corruption, transparency and accountability in the health sector

Implications for health system assessments, national health planning and health system strengthening efforts

Incorporating ACTA into the Health Systems Assessment (HSA) Approach

Country and Health System Overview

- Identify country-level responsibilities with regard to corruption control and complaint mechanisms, including non-health actors.
- Ask about country strategy for anti-corruption (general, health sector).
- When mapping external partners, consider the funding provided to social audit or other whole-of-government ACTA strategies.

Service Delivery

- Gather data on anti-corruption perceptions and efforts.
- Ask about availability and effectiveness of complaint mechanisms.
- Mention risks of corruption in accreditation systems and regulation/licensing of facilities (inspection).
- Analyze past corruption incidents and response.
- Analyze audit and inspection reports (SAI, Ombuds).
- Standardize guidance on informal payment as an indicator for access to health services.
  - Separate gifts from other kinds of non-voluntary informal payments; inpatient versus outpatient.
  - Standardize data collection methods, recall period, etc.
Human Resources for Health

- Review policies related to **conflicts of interest** (clinical guideline committees); **dual-job holding**; **referring patients to private practice** & owning pharmacies and ancillary services; **per diems**
- Data on **unexcused absenteeism**.
- Ask about disciplinary systems (to control for over-treatment, inappropriate referrals).
- **HRH Education**: Are there concerns about purchasing jobs, diplomas, grades, or admission?
- **Health labor market**: Ghost workers; transparent and meritocratic systems for recruitment, assignment, transfer and promotion.

Health Information Systems

- State that intentional fraud is a possible issue.
- Mention use of mHealth and e-governance tools to increase transparency, i.e. text messaging feedback, electronic procurement tendering systems which reduce ability to alter or suppress data.
- Data mining and data intelligence units to identify insurance fraud (automated monitoring of claims data to identify anomalies or patterns which are potentially fraudulent)
- Protecting electronic patient information from theft
Health Financing

- See earlier point re: standardizing methods on reporting on informal payments.
- In analyzing financial protection schemes, assess fraud control measures and compliance systems.
- Ask whether health professionals work with the financial management staff and feel they are members of the same team (siloing). Medical personnel need to be able to read budget reports.
- Audit reports as source of data.
- Budget transparency initiatives.

Governance

- Stakeholder interviews with Anti-corruption Agency, SAI, Ombuds, procurement oversight agency, Central Inspection Office.
- Country experience with multi-stakeholder initiatives to control corruption.
- Check provisions in health insurance law that encourage facilities to create compliance programs to enforce policies against informal payments and to control for fraud.
- Provide more details on desired features of whistle-blowing or complaint mechanisms.
- Ask about Open Data portals, NGOs working on open data, and government laws related to open data.
Next steps

1. Develop ACTA HSA deep dive document
2. Provide input into WHO/UHC2030 HSA review
3. Review and adjust current WHO assessments methodologies (health financing/health workforce/governance)
4. Journal Special edition - Anti corruption in health
5. HSG Liverpool – collaboration with academic community