

## ACTA

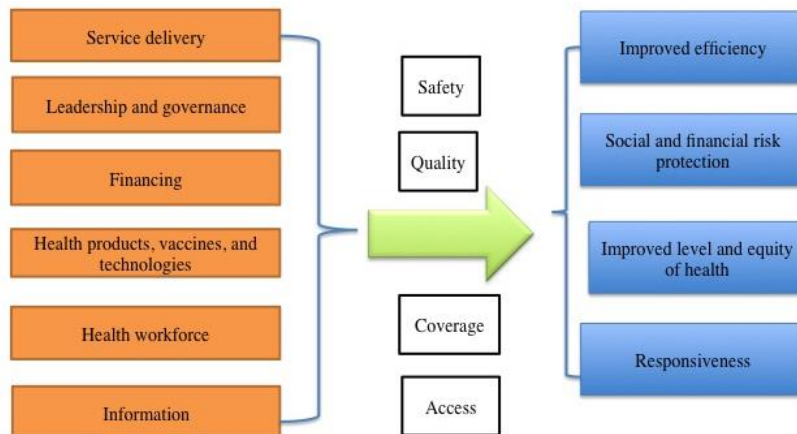
# Anti-corruption, transparency and accountability in the health sector

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



## Incorporating ACTA into the Health Systems Assessment (HSA) Approach

USAID. *Health System Assessment Approach: A How-to Manual Version 3.0*. Washington, DC: USAID.  
<http://healthsystemassessment.org/tools/>



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## 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.



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## 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.

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## 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**.

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## 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



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## 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

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## 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 whistleblowing or complaint mechanisms.
- Ask about Open Data portals, NGOs working on open data, and government laws related to open data.

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## 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