UNDP Sectoral Corruption Risk Management (SCRM)

Methodology & Application in Health Sector
Diagnostic and action-oriented tool to prevent corruption in specific sector.

• Focuses on decision points to analyse and tackle corruption risks.

• Customized to specific sectors like health, education or social welfare.

• Generates a qualitative assessment based on the review of both quantitative (economic, financial) and qualitative data (experience, reports, or studies).

• Creates a heat map with stakeholder-driven priorities and action plan.

• Results in concrete actions, and their monitoring, evaluation and reporting.
Key Steps
(see handout)
Follow the Beneficiary  Follow the Product  Follow the Money  Follow the Document
Mapping patient intake decision points

Patients arrive at the reception of outpatients

- Without appointment
  - Schedule an appointment
  - Exit

- With appointment/Not needed
  - Register patients
  - Refer to physicians
  - Let patient in examination room
  - Physician conducts examination
  - Determining payment mechanism
  - Insured
    - Conduct procedures
  - Self payer
    - Eligible for no payment
    - Refer to procedures & diagnostics
    - Conduct procedures
  - Eligible for no payment
    - Referral to procedures & diagnostics
    - Conduct procedures

- Follow-up
- Refer to admission
  - Refer to admission
  - Follow-up
## Identifying *who* makes decisions

<table>
<thead>
<tr>
<th>Decision/Action Point</th>
<th>Potential Actor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule an appointment</td>
<td>Receptionist</td>
</tr>
<tr>
<td>Register patients</td>
<td>Receptionist</td>
</tr>
<tr>
<td>Determine payment mechanisms</td>
<td>Receptionist/Accountant</td>
</tr>
<tr>
<td>Refer to physicians</td>
<td>Receptionist/Nurse</td>
</tr>
<tr>
<td>Let patient into examination room</td>
<td>Nurse/Nurse assistant</td>
</tr>
<tr>
<td>Conduct examination</td>
<td>Physician</td>
</tr>
<tr>
<td>Prescribe medication</td>
<td>Physician</td>
</tr>
<tr>
<td>Refer to diagnostic procedures/further interventions</td>
<td>Physician</td>
</tr>
<tr>
<td>Schedule appointment for diagnostic/other procedures</td>
<td>Receptionist/Administrator</td>
</tr>
<tr>
<td>Conduct diagnostic/other procedures</td>
<td>Physician /Technician</td>
</tr>
<tr>
<td>Admit patients</td>
<td>Receptionist/Administrator</td>
</tr>
<tr>
<td>Write medical report</td>
<td>Physician</td>
</tr>
</tbody>
</table>
Risk analysis – heat risk map
Mapping, prioritization and actions
Application of SCRM

Example from Tunisia’s health sector
Medical Services
Decision Point 1: Payment upon Registration
<table>
<thead>
<tr>
<th>Targeted Result</th>
<th>Deviations</th>
<th>Impact</th>
<th>Incentives</th>
<th>Restraints</th>
</tr>
</thead>
</table>
| Payment upon registration at the legal tariff       | ✓ Registration without paying the due amount  
✓ Registration using an invalid insurance card  
✓ Identity fraud of a beneficiary of free treatment  
✓ Embezzlement                                           | **For a Public Health Facility user:**  
✓ Additional and unjustified expenditure  
✓ Failure to receive the medical service  
**For the Public Health Facility:**  
✓ Undermining the trust in the health facility  
✓ Potential loss of income  
✓ Contributes to breaching the facility's internal regulations  
✓ Damage to the reputation of the health system  | ✓ The low income of the cashiers and paramedical staff  
✓ Complicity: financial situation of patients  
✓ Assigning the task to non-specialists and to incompetent staff  
✓ Large sum of money available to the cashiers and not collected by the hospital authorities  | ✓ IT application to manage the registration  
✓ SOP to manage the procedure  
✓ A mechanism for controlling the attribution of receipts  
✓ A transparent mechanism to provide selected categories (health workers, people with social needs, low income people) with special benefits (Free service or low tariff) |

---

**Image Description:**
- A heart symbol with a pulse line next to a mechanism illustration.
- Hand illustrations: holding a laptop, a clipboard, a thermometer, and a syringe.
Risk analysis – heat risk map
Decision point “payment upon registration” considered as a decision point with a high corruption risk

Mitigation measure: design and implement an electronic application that allows access in real-time to the data of the National Insurance Fund in order to verify the validity of the insurance card
من السيد وزير الصحة
إلى
السيد ووزير الشؤون الاجتماعية
(السيد الرئيس المدير العام للصندوق الوطني للتأمين على المرض)

الموضوع: برنامج التبادل الإلكتروني للمعلومات بين الصندوق الوطني للتأمين على المرض والهيئات الاستشارية العمومية

في إطار النقاش الفوري لسنة 2017 يخص الفصل 65 على مواصلة إرساء برنامج التبادل الإلكتروني للمعلومات بين الصندوق الوطني للتأمين على المرض والهيئات الاستشارية العمومية بما يمكن من:

- تعزيز منطوق التبادل الإلكتروني المتعلقة بالقضايا.
- وضع جدول اختراع المستخدمين الاجتماعيين أو أولى الحق منه على نية المؤسسات
- الاجتماعية للاتصال الفوري على إعداد الحق للمنطقة
- إعلام الحجم بخصوص الصندوق على سبيل الإعلام الخاص ببعض المستخدمين الاجتماعيين

والجهات المتعلقة بالصحة العامة بالجهات الصحية الخاصة وحصرياً على تطبيق هذا البرنامج وتحقيق أهدافه، أقترح عليك تكون لجنة مشتركة من المختصين بوزارة الصحة والصندوق لتولى بحث التدابير الكفيلة بتوفير الاجراءات المذكورة وتعزيز التبادل الإلكتروني بين المشرفين ووضع المنظومات الإلكترونية اللازمة للغرف.
## National Institute of Neurology

<table>
<thead>
<tr>
<th>Registration requests</th>
<th>Effective registration after validity check</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical clinics for the year 2018</td>
<td>36036</td>
<td>29484</td>
</tr>
</tbody>
</table>

## Farhat Hached Hospital

<table>
<thead>
<tr>
<th>2016 (Before activating the application)</th>
<th>2017 (After activating the application)</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of rejected invoices</td>
<td>The number of rejected invoices for various reasons is 57,925 invoices, which corresponds to 35.2% of the total number</td>
<td>Number of rejected invoices for reasons other than invalidity of the insurance cards is 15,850 which corresponds to 12.9% of the total number</td>
</tr>
</tbody>
</table>
Medical Supply
Decision Point 2: Medicines Distribution within the Hospitals Units
<table>
<thead>
<tr>
<th>Targeted result</th>
<th>Deviations</th>
<th>Impact</th>
<th>Likelihood Incentives</th>
<th>Likelihood Restraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely distribution of adequate quality and quantity of medicines to the hospital units</td>
<td>✓ Deliberately over estimate the needs of the hospital unit without identifying the patients and the beneficiaries ✓ Storing large quantities of medicines without justification</td>
<td>✓ The deviation in dispensing medicines to patients in hospital units leads to the mishandling of the stock of medicines, especially the frequent shortages of expensive, vital and chronic disease medicines ✓ The corruption of the drug dispensing leads to the inability of the patient to access to the prescribed medication or intentionally using an expired medicines ✓ The financial loss</td>
<td>✓ Economic incentives: The low income and the infectivity of the values system inside the organization are an incentive ✓ Procedural and regulatory gaps: due to the absence of a real-time exchange of drug information between the hospital pharmacy and the hospital units And the difficulty of tracking the medicines distribution channels leads to a constant concern about the shortages of medicines ✓ The absence SOPs to manage the medicines stock in the hospital</td>
<td>✓ Administrative and penal sanctions in case of misuse and corruption in handling the medicines stock ✓ The use of IT applications to help dispensing the medicines within the hospital</td>
</tr>
</tbody>
</table>
Risk analysis – heat risk map
Decision point “Distribution of medicines within the hospital units” considered as a decision point with a high corruption risk

Mitigation measure 1: Design and implement an IT application “daily and nominal dispensing of medicines” within hospital departments

Mitigation measure 2: Securing the transportation of medicines inside the hospital by purchasing and using “smart medicines lockers”
<table>
<thead>
<tr>
<th>Djerba Regional Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use of medicines (6 units)</strong></td>
</tr>
<tr>
<td>- 66.154 patients</td>
</tr>
<tr>
<td>- 785.00 TND value of the used medicines</td>
</tr>
</tbody>
</table>
THANK YOU!