



UNDP Sectoral Corruption Risk Management (SCRM)

Methodology & Application in Health Sector

Overview of UNDP methodology



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)

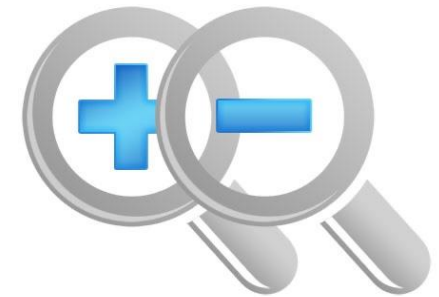
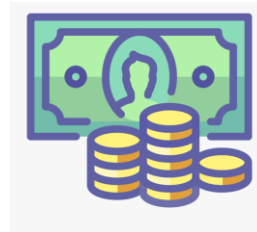
Mapping Decision/Action Points

Follow the Beneficiary

Follow the Product

Follow the Money

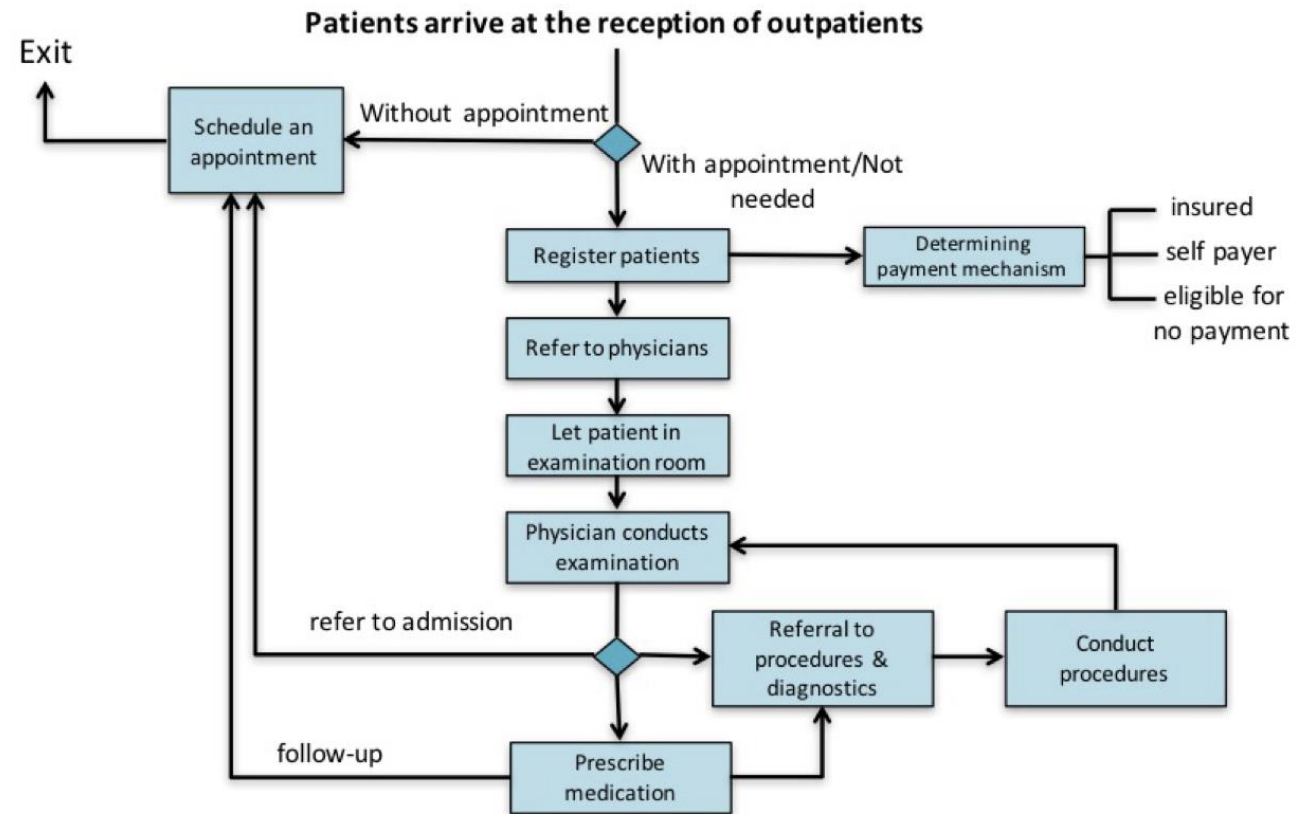
Follow the Document



Zoom-in/-out as needed



Mapping patient intake decision points

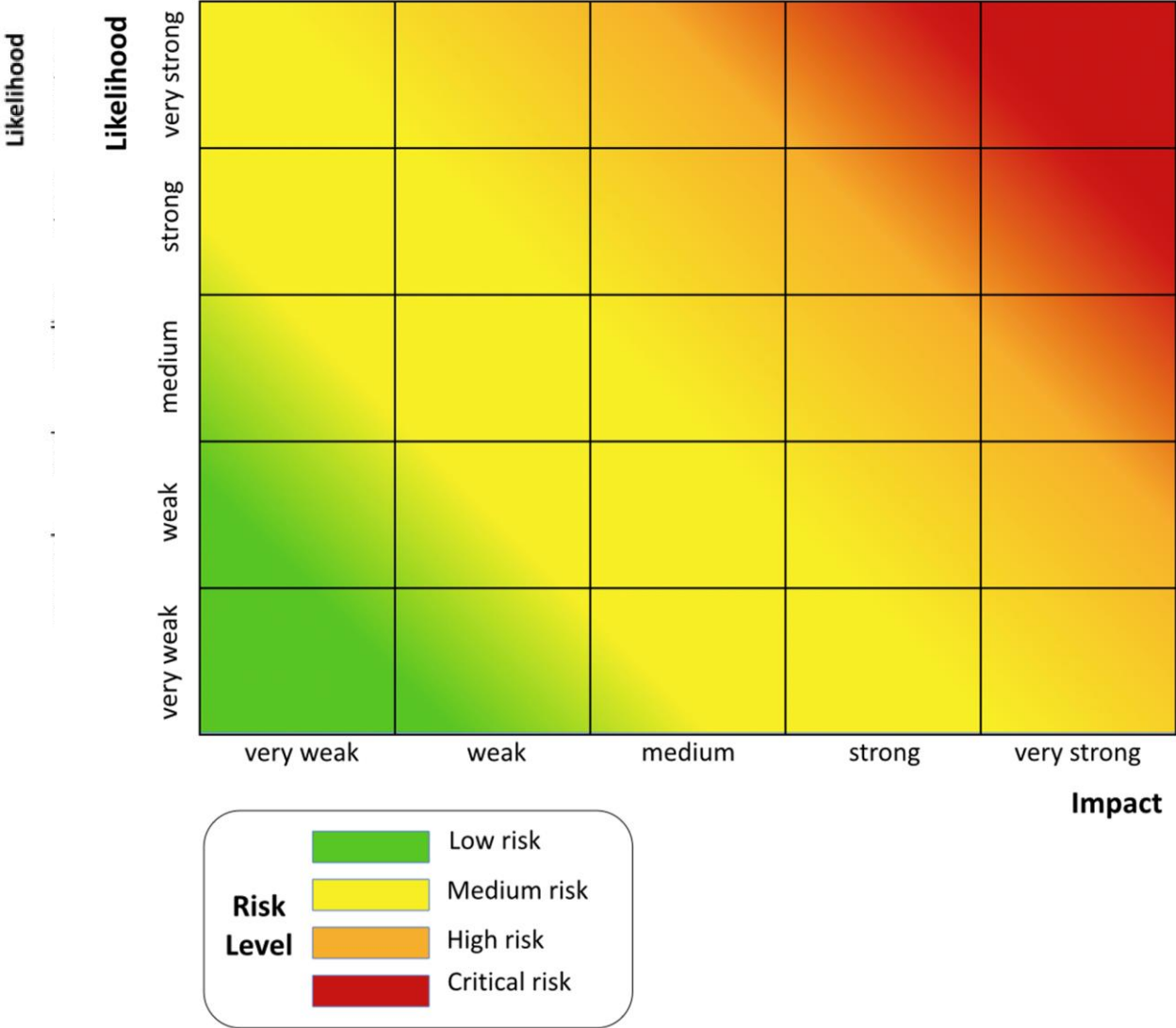


Identifying *who* makes decisions

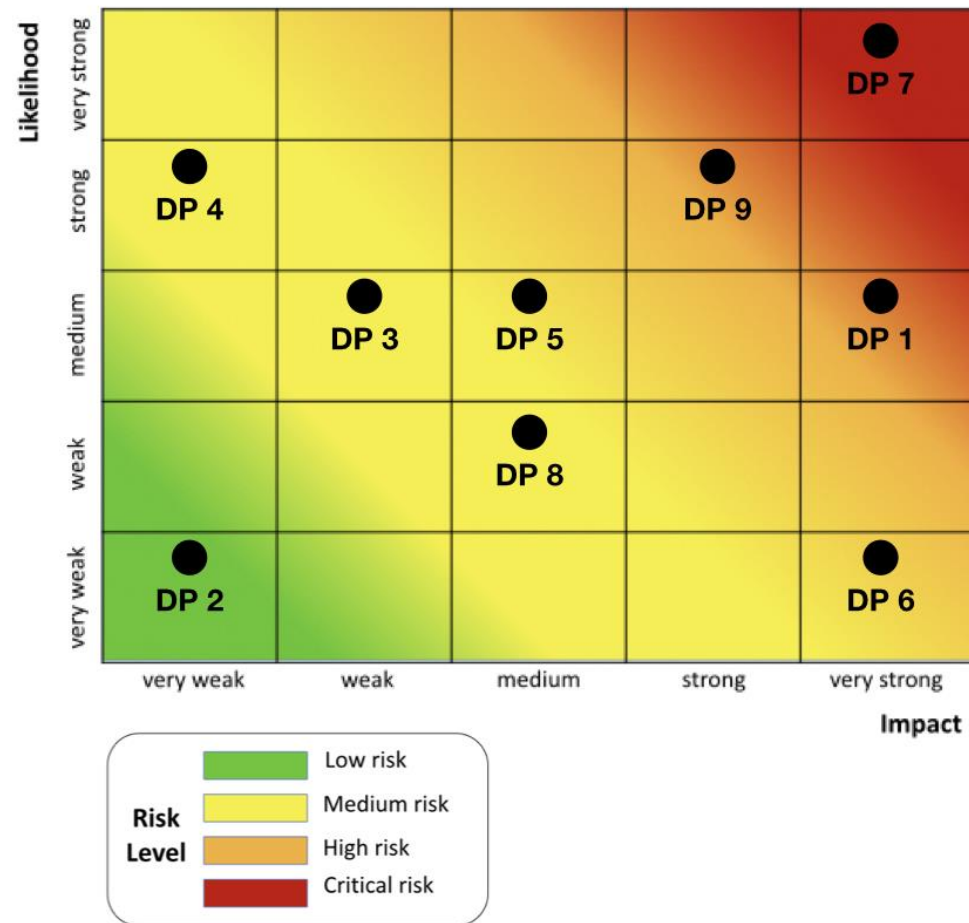


Decision/Action Point	Potential Actor
Schedule an appointment	Receptionist
Register patients	Receptionist
Determine payment mechanisms	Receptionist/Accountant
Refer to physicians	Receptionist/Nurse
Let patient into examination room	Nurse/Nurse assistant
Conduct examination	Physician
Prescribe medication	Physician
Refer to diagnostic procedures/further interventions	Physician
Schedule appointment for diagnostic/other procedures	Receptionist/Administrator
Conduct diagnostic/other procedures	Physician /Technician
Admit patients	Receptionist/Administrator
Write medical report	Physician

Risk analysis – heat risk map



Mapping, prioritization and actions



Application of SCRUM

Example from Tunisia's health sector

A close-up photograph of a silver stethoscope resting on a white surface. The stethoscope is the central focus, with its chest piece and tubing clearly visible. The background is softly blurred, showing the rest of the stethoscope and the white surface. A white rectangular text box is positioned in the upper right quadrant of the image, containing blue text.

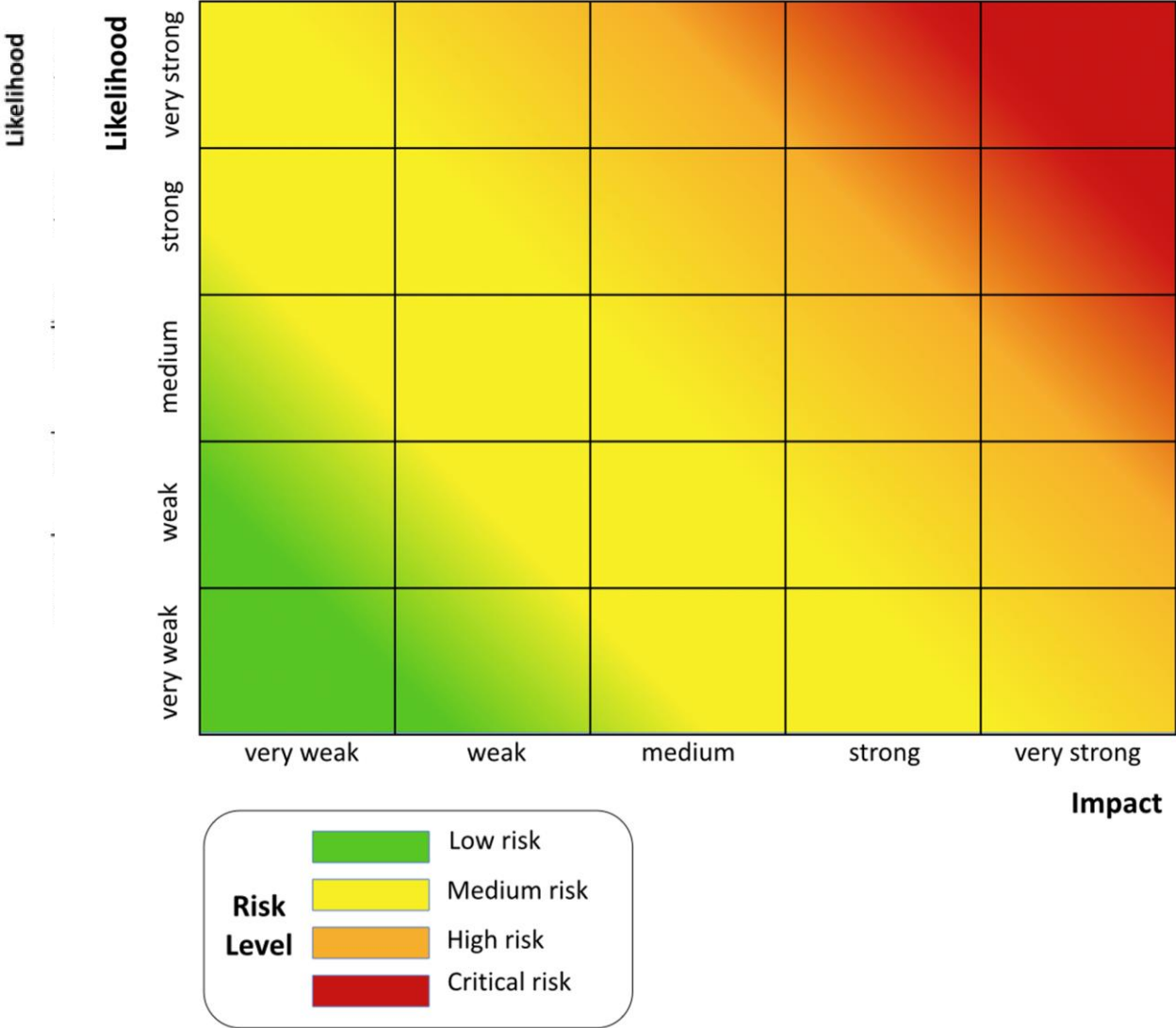
Medical Services

Decision Point 1 : Payment upon Registration

Targeted Result	Deviations	Impact	Likelihood	
			Incentives	Restraints
Payment upon registration at the legal tariff	<ul style="list-style-type: none"> ✓ Registration without paying the due amount ✓ Registration using an invalid insurance card ✓ Identity fraud of a beneficiary of free treatment ✓ Embezzlement 	<p>For a Public Health Facility user:</p> <ul style="list-style-type: none"> ✓ Additional and unjustified expenditure ✓ Failure to receive the medical service <p>For the Public Health Facility:</p> <ul style="list-style-type: none"> ✓ 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 	<ul style="list-style-type: none"> ✓ 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 	<ul style="list-style-type: none"> ✓ 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)



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

الجمهورية التونسية
وزارة الصحة

تونس في

من السيد وزير الصحة
إلى
السيد وزير الشؤون الإجتماعية
(السيد الرئيس المدير العام للصندوق الوطني للتأمين على المرض)

الموضوع : برنامج التبادل الإلكتروني للمعطيات بين الصندوق الوطني للتأمين على المرض
والهيكل الإستشفائية العمومية

في إطار اتفاقية الفوترة لسنة 2017 ينص الفصل 65 على مواصلة إرساء برنامج التبادل الإلكتروني
للمعطيات بين الصندوق الوطني للتأمين على المرض والهيكل الإستشفائية العمومية بما يمكّن من :

- تعميم منظومة التبادل الإلكتروني المتعلقة بالخلاص.
- وضع سجل انخراط المضمومين الإجتماعيين وأولي الحق منهم على ذمة المؤسسات
الصحية للإطلاع الفوري على إفتتاح الحق للمنتفع.
- الإطلاع الحيني للصندوق على السجل الإعلامي الخاص بابيواء المضمومين الإجتماعيين
بالهيكل الصحية العمومية

و حرصا على تطبيق هذا البرنامج و تحقيق أهدافه ، أقترح عليكم تكوين لجنة مشتركة من المختصين
بوزارة الصحة و الصندوق تتولى بحث التدابير الكفيلة بتنفيذ الإجراءات المذكورة و تعزيز التبادل
الإلكتروني بين الطرفين و وضع المنظومات الإلكترونية اللازمة للغرض.

عن وزير الصحة والسكان
رئيس الديوان
الدكتور محمد مفتاح

National Institute of Neurology

	Registration requests	Effective registration after validity check	Results
Medical clinics for the year 2018	36036	29484	Avoid 6552 illegal registrations

Farhat Hached Hospital

	2016 (Before activating the application)	2017 (After activating the application)	Results
Number of rejected invoices	The number of rejected invoices for various reasons is 57.925 invoices, which corresponds to 35.2% of the total number	Number of rejected invoices for reasons other than invalidity of the insurance cards is 15850 which corresponds to 12.9% of the total number	Decrease of rejected invoices by 42,075 (963.557 TND) With zero rejected invoice due to invalidity

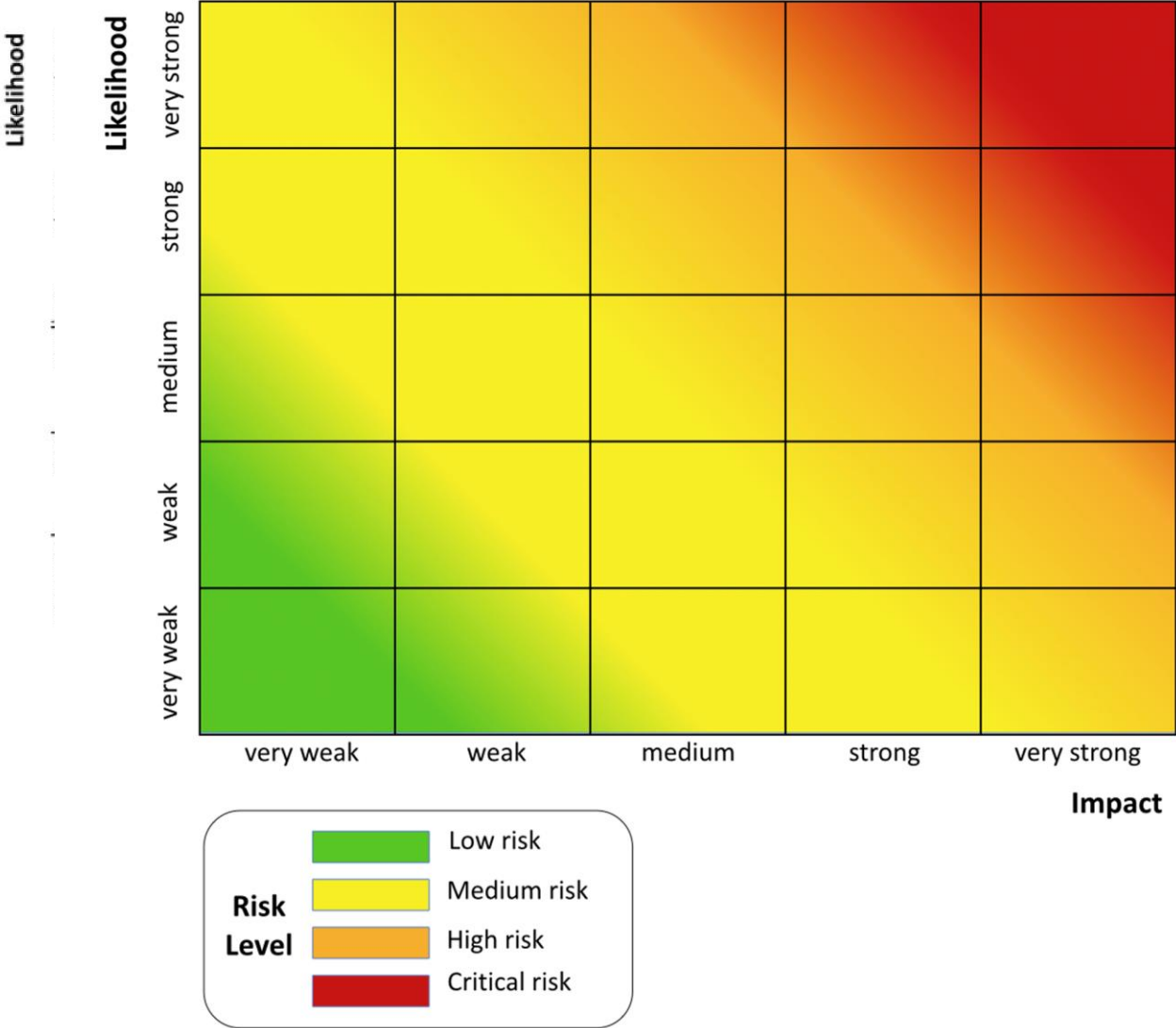


Medical Supply

Decision Point 2 : Medicines Distribution within the Hospitals Units

Targeted result	Deviations	Impact	Likelihood	
			Incentives	Restraints
<p>Timely distribution of adequate quality and quantity of medicines to the hospital units</p>	<ul style="list-style-type: none"> ✓ Deliberately over estimate the needs of the hospital unit without identifying the patients and the beneficiaries ✓ Storing large quantities of medicines without justification 	<ul style="list-style-type: none"> ✓ 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 	<ul style="list-style-type: none"> ✓ Economic incentives: The low income and the ineffectivity 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 	<ul style="list-style-type: none"> ✓ 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.

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 measure1: Design and implement and 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”

Djerba Regional Hospital

	2017	2018	Results
Use of medicines (6 units)	<ul style="list-style-type: none">- 66.154 patients- 785.00 TND value of the used medicines	<ul style="list-style-type: none">- 68.499 patients- 646.00 TND value of the used medicines	<ul style="list-style-type: none">- 2345 increase in the number of patients- 139.000 TND decrease in the value of the used medicines

THANK YOU!

