Anti Corruption and Integrity in the Health Sector at the local level in Jordan

6th Meeting of UNDP Anti-Corruption Community of Practice in the Arab region

Beirut 29-28 June 2013

About the project

The objective is to engage citizens and civil society in reporting corruption in health service delivery, and voicing their needs and concerns about health service delivery through using ICT.

Key outputs

➢ Assessing citizens and civil society's perception of Health sector integrity and vulnerability to corruption

➢ Electronic platform involves citizen in anti corruption and integrity in sector work, linked with upstream policy to ensure sustainability and effectiveness.

National Partners

- Jordan Anti Corruption Commission

- High Heath Council

A steering committee was formed to oversee the implementation of the activities

Key Players

CSOs:

> National NGOs, associations, media, academia and practitioners

Local community:

> Leaders, local NGOs and users with focus   on women and youth

Heath integrity assessment

A quantitative assessment was conducted:

- Three focus group discussions with local community in north, central and south Jordan
- A national workshop for CSOs

Heath integrity assessment (CSOs scoring)

Actors	Areas of Corruption	Average Score
Healthcare Organizers	Favoritism in recruitment, hiring, transfer and promotion and training opportunities and the absence of justice and transparency.	4.4
	Make administrative decisions or use of formal position to achieve personal interest or the interests of the parties close to the decision-maker.	4.2
Healthcare Providers	Nepotism and favoritism among doctors especially in malpractice cases.	4.2
	Evasion of taxes and fees.	4.1
Suppliers	Tax evasion	4.3
	Pharmaceutical companies may bribe physicians to encourage them to prescribe their products (provide financial support for their trips, provide gifts, or support their clinics with equipments)	4.1
Health insurers and payers	Tax evasion.	4.0
	Incapacitate patients and delay approvals to urge them do required tests or procedures at their own expense.	3.5
Patients	Try to get free or subsidized care by underreporting their personal or family income.	3.6
	Bribe or deceive a doctor to obtain benefits for non-health issues.	3.5

Heath integrity assessment (causes of corruption)

| Main causes of Corruption	
According to CSOs (NGOs and Leaders)	**According to Local Community**
The absence or lack of clear performance standards	Nepotism and favoritism (most important reasons for lack of integrity in Jordan in health sector)
Limitations of laws applications (the absence of sanctions and the lack of incentives)	Large number of patients visiting public health sector every day affect health care providers' performance
Community culture (presence of favoritism and nepotism)	Absence of religious faith and occupation ethics among some health care providers in public and private sectors. Giving priority to financial benefits on patients needs
Weak accountability	Financial needs (low wages for many workers in the public and private health sector)
The absence of monitoring and evaluation	Community culture and beliefs (accepted theft of public money)
The absence of justice and transparency	Non−activation of Medical Accountability law
Low salaries and insufficient incentives to meet the requirements of living, particularly in the public sector	Lack of awareness and education programs designed to educate community members on the subject of integrity and definition of rights and responsibilities
Low awareness of community responsibility	Lack of monitoring and evaluation mechanism based on international standards.
Lack of experience and technical capabilities for the administrative staff responsible for auditing, monitoring and follow−up	
Weakness in some legislations and laws	
Lack of clear polices and regulations	
Lack of quality assurance mechanisms	

Fighting Corruption through ICT

Crowdsourcing CSOs and citizens opinion on web portal design, motto and content

A tool to sustain citizens and civil society participation
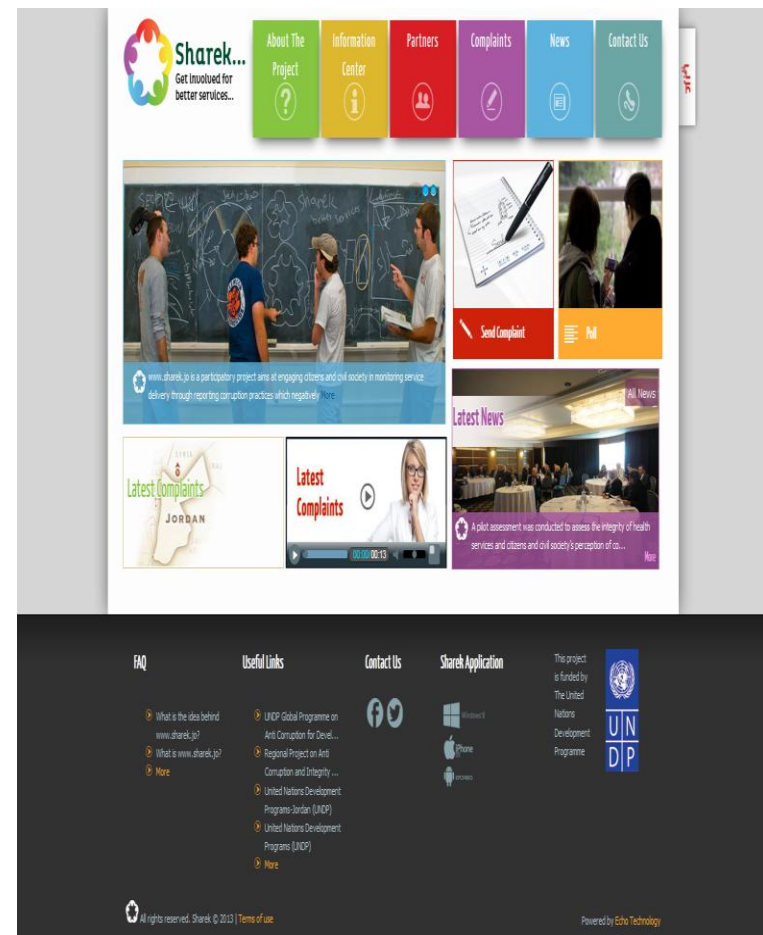
Challenges and Lessons Learned

- Lack of resources on corruption in health sector, thus the assessment can serve as a baseline for any future studies/assessment

- Novelty of the project concept were a reason for the slow implementation of the activities.

- Citizens and civil society perceive corruption differently. Local community is not well informed about their health rights and level of corruption in health sector, on the contrary some corruption practices became part of the national culture practices, are perceived normal within the culture.

- Given the diversity of stakeholders in this project the platform must hosted by one body that will organize the work among stakeholders.

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Next Step

- Consolidate the results of the project and enhancing national capacities to sustain and expand these results, building on the work already initiated in the area of governance in the health sector by UNDP and WHO, while seeking to strengthen their cooperation at the national level, among each other, and with national counterparts and other related initiatives.

- Bring specific focus on ACI in the health sector in Jordan, aiming to empower the local community in monitoring health service delivery, with a view to pave the way forward towards enhanced Social accountability practices (SAc).

Next step

- Training public officials, namely from the anti-corruption commission and the health sector, as well as representatives of CSOs and the local community on ACI and SAc concepts, measures and mechanisms, in addition to the utilization of the electronic tools which have been developed in Phase 1.

- Raising public awareness of the benefits and challenges of citizens' participation in promoting accountability, and the mechanisms available for this purpose.

- Supporting citizens in monitoring the quality of health services and related integrity challenges and corruption vulnerabilities, while also supporting the officials to receive, synthesize, and utilize the feedback provided.